Manitoba

ANNUAL REPORT

1984

Manitoba
Health

MANITOBA

MINISTER OF HEALTH

March 5, 1985

Her Honour
Pearl McGonigal
Lieutenant Governor
of the Province of
Manitoba.

May It Please Your Honour:

I have the honour to submit herewith the Annual Report for the Department of Health of the Province of Manitoba for the Calendar Year 1984.

Respectfully submitted,

L. L. Desjardins

Laurent L. Desjardins,
Minister of Health

MANITOBA

DEPUTY MINISTER OF HEALTH

March 1, 1985

The Hon. Laurent L. Desjardins,
Minister of Health.

Sir:

I have the honour of presenting herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1984.

Your obedient servant,

T.R. Edwards, C.A.
Deputy Minister of Health

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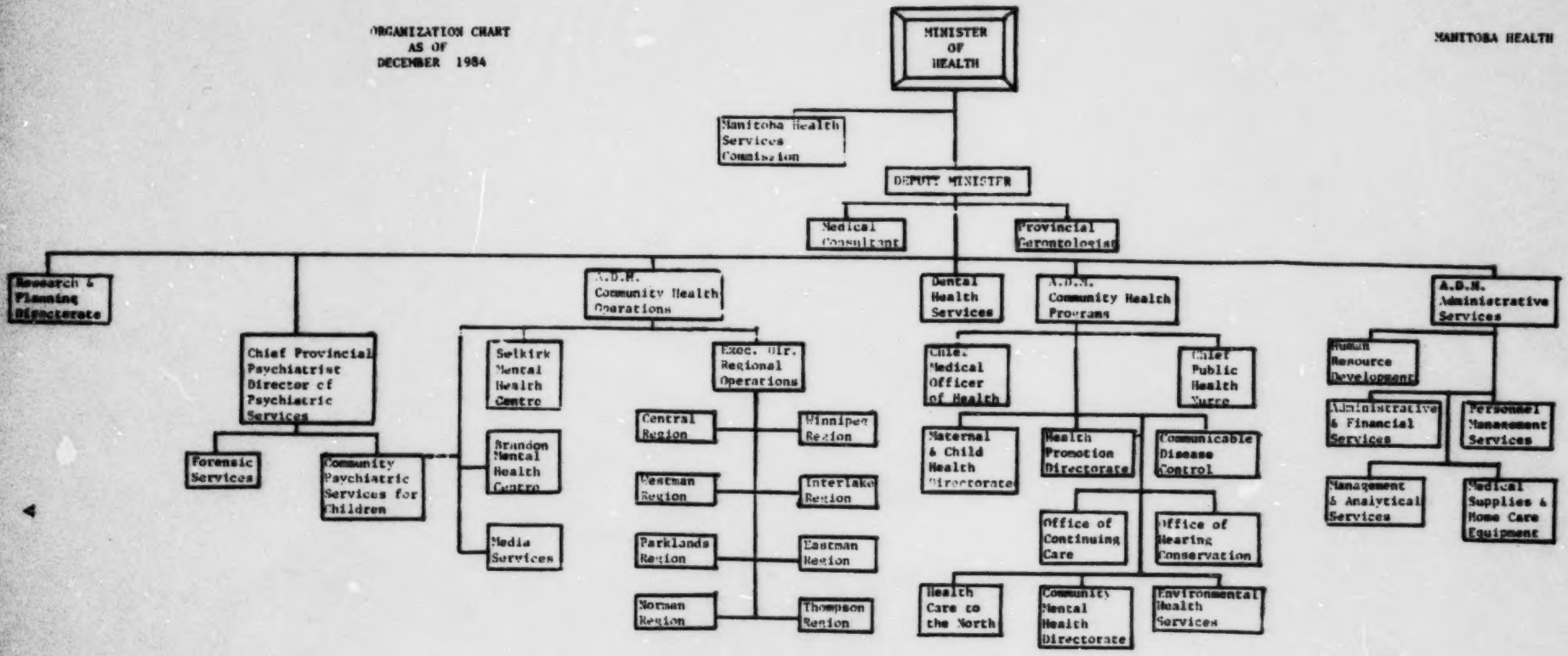
ORGANIZATION CHART
AS OF
DECEMBER 1984

MANITOBA HEALTH



administers funding to external agencies, provides health library services including film and publication distribution and coordinates support services to meet departmental operating requirements.

During 1984, this branch again assumed a major role in the resource allocation process within the framework of priority health needs. Significant progress has been made to strengthen the relationship of departmental program planning to the resource allocation process.

Through central financial planning and coordination, the Program Budget Review Section controls the department's financial resources; facilitates the development of the annual estimates; conducts financial analyses and provides financial reports to senior management. The payment of accounts, collection of revenue and processing of employee payrolls are handled by the Financial Services Section. This section was instrumental in the implementation of an improved payroll system introduced government-wide and in the implementation of a refined object code structure developed under the leadership of Manitoba. Finance. The department's delegation of financial authority was also strengthened through a review of responsibility centre management concepts.

The Agency Relations section is responsible for determining appropriate funding conditions and administering funding to external agencies consistent with the provisions of the Financial Administration Act and related directives. During 1984, this section participated in the establishment of support levels for external organizations newly funded under the department's Reproductive Health Promotion Program. Funding relationships were also established with a number of organizations during 1984.

The Health Information Resources section provides information, referral and advisory services to departmental staff, other government departments, educators as well as the general public. This section includes: the

ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division is composed of five integrated branches: Administration and Financial Services, Personnel Managemement Services, Management and Analytical Services (including an Administrative Studies Unit and Computer Services), Human Resource Development and Medical Supplies and Home Care Equipment.

A major responsibility of the Division is the coordination of financial planning for the department. This function involves ongoing liaison with program and operational divisions of the department in order to promote the most efficient use of available resources.

In 1984 the Division played the central role in the development of the Strategic Program overview requested by the Cabinet. The purpose of this special project with its emphasis on the assessment of departmental objectives, strategies and results, was to assist the government in its policy and program priority setting process.

The Division also maintains a central departmental resource centre and a warehousing and distribution operation for medical supplies and home care equipment. The development and administration of departmental funding for external health agencies is also included within this Division.

The Division provides a range of services aimed at improving the operational efficiency of the department and increasing cost effectiveness while enhaneing service delivery to the public. These services include comprehensive operational reviews, internal audits, administrative studies, automation feasibility studies and implementation and maintenance of computer systems.

ADMINISTRATION AND FINANCIAL SERVICES BRANCH

This branch manages the internal financial affairs of the department,

Anna E. Wells Memorial Library and the Health Resource Centre. The library collects researches and loans technical reference materials on health and social service subjects. The Health Resource Centre loans films, package programs, and other audio-visual materials and distributes pamphlets and posters. During 1984, major reviews of Health Resource Centre collections were conducted jointly with program staff to identify priority purchases, target populations and outdated resources. In addition, the resources of the Sport Directorate were added to the library and Resource Centre collections.

In order to more adequately address the department's operating requirements for support services, the Operational Support Services section has strengthened its physical asset planning and management responsibilities in 1984.

This section facilitates the planning, acquisition and management of departmental office space, vehicles, and equipment. This section also coordinates the implementation of Records Management consistent with the overall policy and directives issued by the Provincial Archives. During 1984, Records Management schedules were successfully implemented in all divisions of the department.

In cooperation with the department of Government Services, this section coordinated departmental efforts in planning for the construction of two northern Manitoba Nursing Stations in Moose Lake and Pikwitonei. This is part of a phased renovation and construction project to improve nursing stations in northern Manitoba.

PERSONNEL MANAGEMENT SERVICES

This branch is accountable for the development, implementation and maintenance of comprehensive personnel management programs for the department including Mental Health Centres and the Manitoba Lotteries Foundation. Throughout the year ongoing services were provided in such areas as delegated recruitment

and selection; job evaluation and pay administration; employee relations; management training in personnel functions; departmental personnel policy and standards development.

In order to address recruitment problems in public health nursing in rural and northern Manitoba, outreach recruitment activites were undertaken in cooperation with the Manitoba Association of Registered Nurses and the School of Nursing, University of Manitoba. A committee of personnel administrators and physicians has begun to address a similar recruiting problem regarding medical personnel.

A number of new government programs and policies were implemented within the department including Workplace, Safety and Health, Long Term Disability and Conflict of Interest. In addition, an Affirmative Action Labour/Management Committee was formed and members have received orientation training for the program planning required in the coming year.

A pilot project on Performance Evaluation was developed in conjunction with the Human Resource Development Unit for phased implementation in three areas of the department during 1985.

In 1984, the branch also expanded computer applications with programs to complement recruitment activities and personnel reporting systems.

MANAGEMENT AND ANALYTICAL SERVICES

The Management and Analytical Services Branch provides a number of support services to Manitoba Health at both the senior management level as well as the operational level. These services include comprehensive internal audits, operational reviews, development of computer and manual systems, and provision of support to departmental computer installations. The branch is organized in a structure which concentrates on specific major responsibility areas within the branch's existing mandate, including the installation of and

the efficient, effective use of computer technology for the department.

The INTERNAL AUDIT UNIT is responsible for the provision of operational and financial systems reviews. These reviews are aimed at identifying areas of improvement, to contribute to the economy, efficiency and effectiveness of the area under study. The functions of the unit are consistent with guidelines approved by Treasury Board and Manitoba Finance relating to internal auditing. All areas within the department are subject to review on a request or on a systematic basis as approved by the Audit Committee. This includes all departmental programs, regions, and mental health institutions.

The SYSTEMS DEVELOPMENT UNIT is responsible for conducting studies related to all manual or computerized systems for purposes of developing, updating and implementing new applications or changes to systems, procedures and forms for the departmental use. With management approval, new computer systems are designed, programmed, implemented and reviewed for effectiveness. The unit also participates in and provides support to other types of studies conducted within the department including organizational analysis and other operational reviews.

The COMPUTER RESOURCE SUPPORT UNIT is responsible for the provision of technical advice to the department related to computer hardware acquisition and support. Such areas as communications networks and efficient hardware utilization are major considerations of this unit. In conjunction with the SYSTEMS DEVELOPMENT UNIT, the unit also participates in the evaluation of of software programs.

During the past year, the branch has had extensive involvement in the development, implementation, maintenance and review of numerous manual and computerized systems. This included the review of the patient trust account procedures at Selkirk Mental Health Centre, the review of the staffing of the Clinical

Records branch of the Brandon Mental Health Centre, the development and review of a computerized system for the Medical Supplies and Home Care Equipment branch and the development of a computerized system for the Manitoba Children's Dental Program. During 1984, further development took place in the computerization of the Manitoba Immunization Monitoring system and the Personnel Teaching system.

MEDICAL SUPPLIES AND HOME CARE EQUIPMENT

This branch is responsible for the acquisition, warehousing, distribution and repair of a wide range of medical supplies and equipment.

During 1984, the branch provided direct services to 31,622 Manitobans throughout the province. A large number of Manitobans also received indirect services as the branch also provides medical supplies to family planning clinics, health units and physician's offices.

Medical supplies, equipment and respiratory support systems are primarily provided to clients within the provincial Home Care program to facilitate care and recovery in their own homes. The medical equipment available from the branch is also loaned on a physician's request to other Manitobans not covered by the Home Care program.

Stoma care products are provided to all ostomate patients registered with the program. Consultative services are also available to these patients from two enterstomal therapists who work in the program.

This branch also administers the acquisition of standard and electric wheelchairs for the Manitoba Wheelchair Services program. Distribution of these wheelchairs and repair services for the standard wheelchairs is provided through the Society for Crippled Children and Adults.

During 1984, the branch initiated its conversion to a computerized system.

Conversion of the Ostomy Supply Program and Home Care Program to the automated system was completed in 1984 and is presently functional. Conversion of remaining program areas is expected to be completed in 1985.

HUMAN RESOURCE DEVELOPMENT BRANCH

The Human Resource Development Branch is responsible for the planning and implementation of management related staff development programs for the department.

The maintenance and improvement of the quality of departmental programs depends very largely on the quality of its staff as well as the extent to which they keep abreast of the newest advances in their specific fields. This is particularly important as the department realigns its structure to keep pace with changes in need and staff functions.

The needs assessment was extended this year to include the program directorates as well as the Brandon and Selkirk Mental Health Centres. As a result of these surveys, the branch launched a systematic skills-based management training program in late spring which it delivered to managers and supervisors in four regions of the department during 1984. The response to the program has been positive and it will be available to other regions and program directorates in 1985.

During 1984, a seminar in instructional techniques for public health nurses was piloted and is currently being revised.

An important and expanding function of the branch is to act as a consultative resource to various agencies and groups. In 1984, consultation services were provided to the Department of Community Services Performance Appraisal Resource Group, Professional Development of Public Health Nurses, New Careers Project for Community Health Workers and the Planning Committee for the Workshop on the Delivery of Home Care for the Physically Handicapped.

COMMUNITY HEALTH OPERATIONS DIVISION

This division is responsible for the delivery of comprehensive community health services in eight regions throughout the province - Winnipeg, Eastman, Interlake, Parklands, Central, Westman, Norman and Thompson.

The Community Health Operations Division is also responsible for the operational management of the provincial mental health centres - the Brandon Mental Health Centre and the Selkirk Mental Health Centre. During 1984, this division assumed responsibility for the co-ordination of mass media program development throughout the department. The co-ordinator of Media Services currently reports directly to the Assistant Deputy Minister of Community Health Operations.

REGIONAL OPERATIONS

In each of the eight health regions in the province, the health service delivery system is administered by a Regional Director who is responsible for the administration and delivery of field services of Manitoba Health and Manitoba Community Services.

Regional offices in Manitoba provide a wide range of community based health and social services. These services include: medical consultation support services, communicable disease control, audiological services, maternal and child health, health promotion, health education, home economics, services to seniors, home care services, community mental health, dental health, environmental health as well as child welfare, community mental retardation and rehabilitation services.

Regional Directors report through channels to both Manitoba Health and Manitoba Community Services to Executive Directors of Regional Operations in each department. Program and fiscal control for health programs come within the jurisdiction of Manitoba Health. Program and fiscal control for social services programs come within the jurisdiction of Manitoba Community Services. Both

departments maintain central office provincial program directorates which have reponsibility for program development, program standards control, program monitoring, technical support services and program financial control. These specialized program units work directly with the regional field system to provide essential program direction and support to the service delivery component.

At the Divisional level, the Assistant Deputy Minister of Community Health Programs and the Assistant Deputy Minister of Community Health Operations work in a dual executive capacity by exerting influence and accepting responsibility for activities related to program control and services delivery.

The Executive Director of Regional Operations relates closely and directly to both Assistant Deputy Ministers regarding service delivery issues. The Program Directors relate closely to both Assistant Deputy Ministers and to the Executive Director of Regional Operations for matters concerning program support services.

The Executive Directors of Regional Operations in Manitoba Health and Manitoba Community Services work very closely in assisting Regional Directors to promote departmental objectives including the identification and establishment of methods of solving problems related to program delivery. Support staff are provided where appropriate which allows for effective staff utilization between departments.

To further ensure a co-ordinated operational system at the divisional level, a Community Health Services Division executive committee meets on a bi-weekly basis to deal with a wide range of administrative and program issues. The committee is composed of the Assistant Deputy Ministers of Community Health Programs and Community Health Operations, the Executive Director of Regional Operations, the Chief Public Health Nurse and the Chief Medical Officer of Health.

During 1984, the majority of Regions effectively separated the rural staff Public Health Nurse complement into a Public Health component and a Continuing

Care component. This realignment allows for a clear differentiation of rural Public Health Nursing staff on a program basis and also provides enhanced accountability and control of professional and paraprofessional resources within major programs.

SELKIRK MENTAL HEALTH CENTRE

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman and Winnipeg Regions. The total population of these regions is approximately 800,000. The outpatient services consist of outpatient treatment and consultative services to all regions as well as itinerant treatment services to Interlake, Thompson and Winnipeg Regions. The average daily inpatient population at Selkirk Mental Health Centre which was 360 in 1983 has slightly decreased in 1984 to 345, with fewer admissions from the Winnipeg Region.

The Selkirk Mental Health Centre has three active inpatient treatment units. The Selkirk Psychiatric Institute (S.P.I.) services the geographical areas of Norman, Thompson, Eastman and Interlake including Selkirk District. Each of these areas is represented in S.P.I. by a multidisciplinary treatment team consisting of Psychiatry, Psychology, Occupational Therapy, Psychiatric Nursing and Social Work staff including other support staff (Chapliancy, Pharmacy, Clinical Records). Treatment approaches provided in S.P.I. include chemo-therapy, psychotherapy, crisis intervention, marriage counselling, occupational therapy and group therapy. One-to-one and group programs are developed to specifically address the individual needs of patients. Programs are consistently evaluated and adapted as required to meet patient needs. In 1984, a program involving self-administration of drugs was introduced to a patient pre-discharge group. It is expected that this program will be expanded. Plans were submitted by the Centre for fire safety and program upgrading in the Selkirk Psychiatric Institute. The renovation work is anticipated to commence in 1985. During the

renovation period patients, programs and services will be relocated to B Unit at the Centre.

The reception Unit provides services similar to those provided in S.P.I. to patients of the Winnipeg area including referrals from Forensic Services. One-to-one and group programs are provided to meet patients individual needs and assessed on an ongoing basis. Group programs include - activation/aerobic exercises, health living today, religion, effective living, personal effectiveness, family life and leisurely living. This Unit is currently undergoing major fire safety upgrading and program revision. All patients and staff from the unit have been temporarily relocated to B Unit. It is expected that renovation work will be completed in 1985.

The Infirmary Unit provides services to psycho-geriatric patients, long term patients and patients with medical problems. A modified reality orientation program which incorporates male and female patients is continuing to be well received. Other programs involve handicrafts, exercises, grooming, films, cooking classes, music appreciation, games, outings and discussions for long term handicapped patients who cannot be included in the Centre's active rehabilitation programs. Group programming remains very active, involving basic social and communication skills and community outings. Planned outings include trips to parks, historical sites, summer festivals, shopping trips, sporting events and other attractions. These experiences have provided patients with the opportunity to increase their social skills and awareness of the community and its resources. Patients requiring additional physical care participate in special exercise programs on the wards adapted to their needs. They also take part in memory and comprehensive games, grooming programs, gardening and plant care programs. A gazebo was completed in 1984 adjacent to the unit and was utilized by patients from all wards during the summer months. Air conditioning is being installed in the east and west wings and patient cafeteria areas of

care programs. A gazebo was completed in 1984 adjacent to the unit and was utilized by patients from all wards during the summer months. Air conditioning is being installed in the east and west wings and patient cafeteria areas of the unit.

Vocational shop, patient employment and recreational programs are provided by the Occupational Therapy Department. A major goal was accomplished in 1984 with the standardization of all Occupational Therapy treatment programs to an individual treatment program model.

The Selkirk Mental Health Centre provides extensive outpatient and outreach support services, primarily to former patients, through its community-based clinic at 189 Evanson Street in Winnipeg. These services include long-term psychiatric stabilization involving collaboration with community mental health service providers to enhance social integration and rehabilitation of patients. The Centre maintains its collaborative arrangements with the Winnipeg Region in the promotion of a variety of community-based activity centres for former patients.

Additional alternate care facilities are maintained by the Independent Group Living Programs in Winnipeg and Selkirk. The Centre has utilized 33 homes and apartments made available from provincial and urban housing authorities. The program emphasizes teaching and reinforcing daily lifeskills such as home management, personal hygiene, cooking, budgeting and utilization of community resources. More than 90 former patients have been accommodated in the program during the past year. Approximately 25 of these patients are presently managing independently in the community on their own.

The Centre's Volunteer Service includes a large nucleus of church and community organizations which provide contact for patients at the Centre and in the Winnipeg area and through the camp program. The number of individual volunteers

has increased during 1984. Volunteers in the Winnipeg area participate with groups and individual outpatients. Patients at the Centre provide volunteer services within the Centre and also in the Town of Selkirk.

The School Program at the Centre provides opportunities for patients to continue academic and social learning experiences as part of a total treatment program. The program offers instruction in adult basic education as well as access to correspondence courses and specialized instruction for patients with specific learning disabilities.

During 1984, the Centre's Pharmacy has implemented and maintained individual prescriptions and medication profiles for the patients of the Selkirk Psychiatric Centre. Further efforts to increase accountability, control, and patient safety with respect to medications resulted in significant changes to the control drug and stock distribution systems at the ward levels. A system which will identify, review and report adverse drug reactions is anticipated to be expanded during 1985.

The Centre's camp on Red Rock Lake in Whiteshell Provincial Park was well utilized during the summer. The majority long-term patients at the Centre had the opportunity to spend some time at camp. The camp is also used to provide summer recreational activities for the Centre's community mental health clients and clients from other agencies.

The School of Psychiatric Nursing at the Centre currently has twenty-two candidates enrolled in the 1986 graduating class as well as 29 students who are expected to graduate in 1985. The program for registered nurses has been revised so that it can be more efficiently delivered in conjunction with the two year generic program in psychiatric nursing.

During 1984, emphasis on staff training and development has been maintained at all levels of the organization. In addition to external training programs,

individual and group training was provided for staff in various other disciplines. The Housekeeping Department continued to develop procedures for ongoing evaluation of the quality of cleaning performed throughout the Centre. Staff training programs in his department included the safety and control of cleaning products.

A program initiated in 1983 to transfer inpatient clinical records from centralized locations to respective wards was successfully completed in 1984. This change enchanced communication among treatment staff in the development of patient programs.

The Community Awareness program continued in 1984. The objective of the program is to have Selkirk and district service groups become more familiar with services Selkirk Mental Health Centre provides to citizens of the area.

A Quality Assurance Program was implemented at the Centre in April 1984. All departments and services are involved in audits in a continuing endeavour to provide high quality care and services to the patients.

The Selkirk Mental Health Centre was pleased to receive a three year accreditation award from the Canadian Council on Hospital Accreditation in December 1984. The The recommendation contained in the report will be actively pursued in the coming year.

BRANDON MENTAL HEALTH CENTRE

The Brandon Mental Health Centre provides a broad spectrum of Mental Health Services to a catchment area of approximately 210,000 residents in Westman, Parklands and the western half of the Central Regions. These services include residential care and treatment for the acute, medium and long stay patients, plus day care, partial hospitalization and aftercare programs. An Out-Patient Department for children and adults is provided at the Centre. Community out-reach and follow-up services are coordinated from the Centre.

In 1984, the Centre successfully completed a reorganization of its clinical services. Under the new system, geographical determinants were eliminated and the emphasis is specifically on the type and level of care related to patient needs. The objective of the multi-discplinary approach was to provide the most effective and efficient service to our patients given the limited medical manpower situation. The present clinical organization now consists of a number of units comprising Admissions, Quality Living, Rehabilitation, Behavioral Therapy and Geriatrics.

The location for the construction of a new 100 bed facility was identified at the present site of the old east end jail on Victoria Avenue. It was selected because of proximity to the Brandon General Hospital and Rideau Park. This unit will replace 100 beds at Brandon Mental Health Centre and will be operated by an independent incorporated Board of Directors. Planning for this new facility began in 1984. It is expected that construction will begin in the late in 1985 with a projected date for completion in 1987.

Plans for a new central laundry for the Westman Region demonstrated significant progress with the designation of the Brandon General Hospital site as well as the agreement and appointment of a user Board of Directors. The functional plan began in late 1984 and it has been projected that construction will begin in late 1985 with completion scheduled for 1986.

In November 1984, the Brandon Mental Health Centre completed another phase in our telephone system update by implementing "Direct Inward Dialing". This conversion allows each department to have its own telephone number thus allowing outside callers to dial directly to the department or person they wish to contact. This change improves efficiency of our telephone communication network.

Other communication initiatives at Brandon Mental Health Centre included:

a) The utilization of Conference Calling. This allows direct audio

consultation between regional services in Dauphin and Swan River and psychiatric services at the Centre.

b) Comprehensive planning regarding an audio-visual linkage between the Brandon Mental Health Centre, the Health Sciences Centre, and the University of Manitoba continued to progress during 1984. Implementation of this system is anticipated early in 1985.

During 1984, Brandon Mental Health Centre participated in a national volunteer project called KATIMAVIK, which is funded through the federal Department of the Secretary of State. The project at Brandon Mental Health Centre began in June of 1984 and will be completed in February 1985. During these nine months, a total of thirty volunteers from all across Canada will have assisted in a wide variety of volunteer tasks at Brandon Mental Health Centre.

During May - September 1984, Ninette House served as a holiday location for forty-six mental health clients from residential care homes. The program, offered in two week sessions, was conducted by five summer students who worked in close cooperation with staff from Brandon Mental Health Centre and Community Mental Health services. Activites for these clients included a variety of social and recreational outings.

A total of 98 patients participated in the 1984 summer camp program which was operated by Brandon Mental Health Centre staff at the Anglican Church's Clear Lake camp site. This program offers a highly enjoyable recreational and therapeutic environment for the Centre's long term residents.

A donation of approximately $10,000 from the Brandon Club, a non-profit organization, allowed for the completion of three major patient sitting and relaxation areas at the Centre. This included an outdoor park and fountain area, a geriatric outdoor sitting area and an area at the Patients Library.

During 1984, the Centre's Personnel Department completed a revised Employee Handbook which is part of the comprehensive employee orientation program. Also during the year, an employee identification card system was implemented at the Centre. Each employee, visitor or contract worker is now required to wear this identification card while on the grounds of Brandon Mental Health Centre.

A complete staffing review is currently being undertaken at the Centre. Agreement has been reached with the Manitoba Health Services Commission and senior officials of the department to undertake the task of conducting this review. Completion of this report is anticipated in early 1985.

During 1984, the Centre's School of Nursing graduated 25 students in the Registered Psychiatric Nursing Program. There are currently 32 students registered in the second year of the program and 30 students completing the first year. During 1984, the School received the document of Standards and Outcomes for Approval of Psychiatric Nursing Education Programmes in Manitoba. This is a compulsory accreditation program as mandated under the Registered Psychiatric Nurses Act. The first preliminary report is due in May of 1985. In 1984, the School of Nursing completed a course revision and curriculum evaluation.

In 1984, the Brandon Mental Health Centre received a two year creditation from the Canadian Council on Hospital Accreditation.

COMMUNITY HEALTH PROGRAMS DIVISION

This Division provides program development and support services for the programs of Manitoba Health and Community Services programs which are delivered through regional offices.

Program directorates are responsible for providing leadership for the development

of community health programs, the initiation of new programs, the establishment and maintenance of program standards, professional consultation to staff as well as staff training and development.

With an emphasis toward preventive health services and co-ordinated health services delivery, re-organization of major program directorates has enhanced communication between directorates, regional services, the Manitoba Health Services Commission, health related agencies and the academic community.

This Division has played an important role in the review of community health services in the assessment by the Health Services Review Committee.

In 1984, there has been an increased emphasis on program evaluation and program strategies to more selectively target health programs to populations of greatest need. A program management information system is currently being developed which will allow ongoing review and evaluation of programs, and also provide a basis for strategic program planning. Once this system is fully operational, a more standardized approach to program development will be possible.

During 1984, priority has been given to programs in reproductive health promotion, post partum care, diabetic education, smoking education, mental health and continuing care services.

A number of new appointments were made in 1984 which will contribute greatly toward fulfilling the expanding role of Community Services. These include the functions of Chief Medical Officer of Health, Chief Provincial Psychiatrist, Chief Public Health Nurse, Director of Maternal and Child Health, and the Director of Mental Health.

HEALTH PROMOTION DIRECTORATE

The Health Promotion Directorate plays a major role in the development of educational programs aimed at influencing positive health attitudes, knowledge,

and lifestyle behavior.

Four goals of Health Promotion Directorate in the promotion of positive lifestyle health and the prevention of chronic diseases are:

1. To clearly inform the public about the personal and environmental factors which influence their health.
2. To actively involve Manitobans in educational programs to enhance their personal health. This includes encouraging individuals to take more responsibility for their own behavior.
3. To obtain active health professional support in the development of health promotion and disease prevention programs.
4. To encourage a high priority to the promotion of lifestyle of health and the prevention of injury and disease.

The Directorate consists of four sections: Home Economics, Health Education, Fitness, and Services to Seniors.

HOME ECONOMICS SECTION

The Home Economics Section is responsible for the co-ordination of Home Economics services in Manitoba. This function includes providing direction and standards for Home Economics programs provided by the 11 field Home Economists in Manitoba Health, and 17 field Home Economists in Manitoba Agriculture. Program specialists work closely with field staff in the planning, implementation and evaluation of educational programs for identified target groups in areas of nutrition, money management, and related consumer and basic living skills. In addition, the Section acts as a consultant to other groups and agencies in matters related to Home Economics programs.

The major target groups for preventive and remedial skills in the Home Economics program areas are young families, farm families, the elderly and persons within low income groups.

HEALTH EDUCATION SECTION

During 1984, the Health Education Section focused on programs related to Smoking Education, Diabetes Education, School Health Education and the reduction of hypertension.

The Health Promotion Directorate has prepared an action plan for Smoking Reduction in Manitoba. This action plan was developed co-operatively with the Directorate and the Manitoba Interagency Council on Smoking and Health. This three year plan is based on "The National Strategy to Reduce Smoking" and identifies program strategies and key target groups. It includes smoking prevention and cessation methods with special emphasis on children and adolescents.

In 1984, the Health Education Section implemented a variety of smoking prevention programs. This included the development of an audio-visual slide program to be utilized as a resource in prenatal education classes. The production focuses on the effects of maternal smoking on fetal development as well as the consequences of second hand smoke on the health of the infant during early childhood.

A smoking prevention program was implemented in a number of Manitoba schools during 1984. The major theme of the program directed to the Grade 4-6 levels, promotes the advantages of remaining "smoke free".

The Health Promotion Directorate continues to collaborate with other provinces, exchanging information and resources related to smoking education.

During 1984, the Directorate identified diabetes treatment and prevention as a priority program. The program thrust is designed to ensure all persons in the province with diabetes and their families will have access to adequate education. The program will provide education for health professionals to improve their knowledge, attitudes, and skills with regard to the care of persons with diabetes. The program is also designed to increase public awareness in the area of primary

prevention of the disease. The long term impact of the program should be reflected in decreased hospitalization, lower occurrence of complications, reduced incidence of Type II diabetes and improved overall self-care of individuals with diabetes.

FITNESS SECTION

The goal of the Fitness Section is to promote and develop projects which provide Manitobans with opportunities to attain their highest level of physical fitness.

The Fitness Section continues to work closely with YMCA, YWCA and the City of Winnipeg Fitness Division in providing fitness instruction programs to all areas of the province. During 1984, this Section implemented six fitness instructor courses involving approximately 120 participants. In addition, training programs for instructor supervisors were developed.

In order to address the need for fitness programs for seniors, a fitness leadership program for seniors was developed during 1984. The course focused on topics such as nutrition, safety, fitness activities, stress as well as organizational activities. This program was provided to 33 seniors in the Interlake Region and resulted in the participants initiating their own programs in eight locations of the region.

The Fit-4-Fun program continued to be made available to individuals who wish to develop their own fitness activities. During 1984, a total of 610 people participated in this four level program.

The Corporate Challenge program is aimed at increasing the fitness levels of employees in the Manitoba businesses. The Fitness Section co-ordinated two corporate events during 1984. In Selkirk, six companies participated in this program and in Winnipeg a major corporation held a program involving 583 staff

in team participation.

In 1984, Fitness staff met with Manitoba Health staff in the eight regions. Future programs currently under discussion include cardiovascular fitness, fitness programs for diabetics, and pre and post-natal activity programs.

SERVICES TO SENIORS SECTION

During 1984, the Services to Seniors Section implemented a new service for senior citizens - Support Services for Seniors. This service is directed towards activities which will maintain an independent lifestyle for seniors in the community. These services are not personal care type but include such things as meals and/or assistance in all or part with many tasks involved in meal preparation, transportation, escort services, housekeeping/handyman, social and recreational activities as well as telephone reassurance/friendly visiting services. Although this is not a new concept, the current support network is very creative and diverse.

Communities are currently able to receive financial assistance through the Provincial Government to subsidize some required direct services under this program. They can also develop Community Resource Councils which may be supported through staff consultation and funding assistance. These Councils may become the service delivery component in communities that wish to co-ordinate a variety of support services to seniors or other individuals in the community. Community groups who wish to explore or develop these services are encouraged to contact the Regional Services to Seniors Specialist in their area for assistance.

COMMUNICABLE DISEASE CONTROL

The primary purpose of Communicable Disease Control is to minimize the adverse effect of communicable disease on the health of Manitobans.

IMMUNIZATION

The frequency of rubella has decreased significantly from 374 cases in 1983 to 34 in 1984.

In spite of another increase of influenza vaccine ordered, the demand outstripped the supply.

Complications associated with pertussis vaccine were identified. A 2 year review of reported reactions in Manitoba found 6 recognized adverse affects. Continued surveillance is continuing. Confirmed clinical cases of pertussis are up from 6 in 1983 to 35 in 1984. This increase underlines the need for immunization.

Measles Elimination Program

Communicable Disease Control is working cooperatively with the Department of Education to achieve the goal of measles elimination. Measles immunization will be compulsory for school entry beginning in the 1985 school year. Measles immunization rates currently exceed the 95% level.

Diphtheria

In 1984, there were 3 cases of diphtheria reported in the province (2 children and 1 adult). One child who was partially immunized had prolonged neurological difficulties. These cases emphasize the need for primary immunization as well as appropriate booster shots.

Hepatitis A

The number of Hepatitis A cases almost doubled from 426 in 1983 to 821 in 1984. These cases occurred in locations with poor sanitation, low quantities of potable water and where the practice of good hygiene is difficult. Until these circumstances are remedied and reinforced with an appropriate education program, the epidemic will likely continue until the susceptible population (primarily less than 15 years of age) will have acquired natural immunity. Immune globulin is being used on a selective basis for contacts and for essential service personnel.

Shigella

Shigella has increased approximately 50% from last year to 688 cases. The outbreaks are associated with the same environmental conditions as Hepatitis A.

Control will only be attained when the basic necessities, as for hepatitis, are achieved. The degree of detection of these conditions by our sensitive surveillance system is possibly responsible for these rates.

Tuberculosis

There were no increases in the number of primary cases of tuberculosis and a small increase in the number of secondary cases of tuberculosis in the province. The use of BCG vaccine is still recommended for native newborns.

Manitoba Immunization Monitoring Program

In 1984, the Manitoba Immunization Monitoring System expanded to include Central and Interlake Regions. It is anticipated that the monitoring system will soon allow for province-wide instant retrieval of immunization information.

Rabies

Animal rabies continues to decline in the province but was not associated with a corresponding drop in the number of humans requiring post-exposure prophylaxis. In addition to the usual hosts of rabies (skunks and dogs), one raccoon and one bat proved positive (this was one of only two reported bat attacks). For the second time in three years, a litter of pups was infected. Since signs of rabies are more subtle in young animals, the delay in recognition resulted in 20 people receiving prophylaxis.

Hepatitis B

There were 160 cases of Hepatitis B reported in 1984, which is more than twice the number reported in the previous year. The number of carriers identified also continued to show an increase. Communicable Disease Control maintained

a supply of Hepatitis B vaccine for at-risk individuals as well as securing the vaccine and Hepatitis B immune globulin for persons acutely exposed to Hepatitis B.

Rare Diseases

During 1984, it was reported that:

- No additional cases of Acquired Immune Deficiency Syndrome (AIDS) were identified;
- An outbreak of campylobacter in one family occurred which pointed to the dangers of unpasteurized milk;
- One case of leprosy in a native Canadian who had spent 2 years in the tropics and also two additional cases among immigrants;
- Twelve malaria cases among immigrants or vacationers were found;
- Six cases of legionella were identified (no source was found);
- Three cases of non-A and non-B Hepatitis were detected;
- Nineteen cases of amebiasis, primarily among individuals who had been abroad. Some cases and numerous carriers of amebiasis continue to occur in residents of some institutions.;
- One case of blastomycosis was identified in a middle aged rural resident; and
- There were three cases of typhoid fever detected which were associated with foreign travel.

Communicable Disease Control continues to administer the Rheumatic Fever and Life Saving Drug Programs.

SEXUALLY TRANSMITTED DISEASES

The primary objective of the Sexually Transmitted Disease (S.T.D.) Control Program is to reduce the incidence and prevalence of sexually transmitted diseases in Manitoba. Current regulations require that cases of gonorrhoea and syphilis be reported to the Directorate. The Directorate also monitors S.T.D. caused by Chlamydia trachomatis and Herpes simplex virus.

The major activities of the Directorate include:

1. Development & monitoring of program standards and guidelines.

The Directorate has begun to update and revise program standards and guidelines in order to reflect advances made in this field.

2. Maintenance of a Central Registry

The Central Registry provides a data base for program development.
The incidence of reported cases of gonorrhoea continued to decline in 1984.
Two cases of penicillin resistant Neisseria gonorrhoea were identified in 1984. Epidemiologic investigation suggests the infections were contracted in Alberta and in Greece.
The Cadham Provincial Laboratory reported 1,082 positive syphilis serologic reports. Indepth investigation of these reports identified 82 cases of infectious syphilis, a 156 percent increase over 1983. This includes primary, secondary and early latent cases.

3. Education

Lectures on the management of the major sexually transmitted diseases were provided to 575 student nurses and 139 post-graduate nurses. Five courses prepared 38 community and institution nurses in the advanced methods of interviewing and contact tracing.
A public awareness media campaign targetted to individuals in the 15-30 age group was implemented in November. An assessment of the campaign will be completed by March 1985.

4. Reporting

This program ensures that patients are treated and interviewed for sexual contacts as quickly as possible so that the spread of disease can be interrupted and its complications prevented.
This Directorate has recommended that infections due to Chlamydia trachomatis be made reportable. The number of isolates identified and reported by Cadham Provincial Laboratory has increased by 36 percent over 1983.

5. New Programs

The Directorate is aiming to assess the incidence of chlamydia and gonorrhoea among pregnant women at full term. This data is essential in order to make recommendations for ocular prophylaxis in newborn children.

It is hoped that a program directed to high-risk individuals be implemented in 1985.

Because the incidence of infectious syphilis has increased significantly, this Directorate is recommending a concentrated effort be made to address this situation. It is recommended that one individual act as consultant, interviewer and contact tracing co-ordinator in the high-risk regions. These programs are intended to target services in a cost effective manner.

FOOD PROTECTION OPERATIONS

Food Protection programs are designed to provide all Manitobans with the highest possible levels of protection from unsafe or unwholesome foodstuffs. This goal is attained by:

- Co-ordinating the investigation of suspected food borne disease outbreaks and ensuring that appropriate remedial action is taken;
- Resolving reported food related complaints and enquiries;
- Detecting and controlling microbiological, chemical and physical contamination in the production, processing, packaging, marketing, and service of all food products;
- Developing and monitoring food regulations or guidelines and their field application;
- Providing technical support service to the food industry and regulatory agencies;
- Developing and presenting educational programs to the food industry, educational institutions, regulatory agencies and the public.

In 1984, a high priority was placed on improving the reporting and investigation of suspected food borne disease outbreaks and in providing positive leadership in this area. Interdisciplinary regional meetings were organized to foster cooperation between the medical, nursing and health inspection components and

to improve investigative procedures.

In cooperation with the Cadham Provincial Laboratory and the W.M. Ward Technical Laboratory, arrangements were made to conduct or arrange bacteriological and other tests on food samples. Contamination in food was also monitored in conjunction with appropriate agencies.

A general safety and quality assessment services for all food items and related equipment was provided. Special studies were undertaken to:

- Determine the safety of controlled atmosphere, extended shelf-life sandwiches;
- Evaluated heavy metal health hazards in the hot holding of canned foods; and
- Assess the efficiency of a new type of sanitizing agent for use in glass washing machines.

During 1984, thirty-one rural slaughterhouses were operating under the Federal/ Provincial Domestic Meat Inspection agreement. Expansion to include processing portions of slaughter plants has been proposed for 1985.

In cooperation with industry organizations and other control agencies food industry education programs were directed to: food service operations, meat processors, retail food stores, educational institutions and consumer groups.

Revisions to the Food and Food Handling regulations were introduced and a series of meetings held with field staff to ensure the uniform interpretation and coordinated implementation of requirements.

ENVIRONMENTAL HEALTH SERVICES

The development of the Environmental Health Services was enhanced in 1984 due largely to the first full year of activities of two professional staff - a physician and an engineer.

During 1984, staff were involved in a variety of areas including dangerous

goods, sewage disposal and waterworks. In addition to providing professional advice to the general public and departmental staff, Environmental Health Services participated in the following committees: radiation protection, bee-keepers compensation, radiation in drinking water, standards for basement residence, Manitoba Environmental Assessment Review Agency, Federal/Provincial Liaison Committee, noise regulations, York Factory burial ground, northern health issues, surface and recreational water, pesticides and the Health and Environmental Review Committee which completed the second and third drafts of the amended Public Health Act.

Environmental staff provided ongoing consultation to the Clean Environment Commission and also attended many of its hearings.

The Director represented the province at two meetings of the Federal/Provincial Advisory Committee on Environmental and Occupational Health including a week long session at Atomic Energy of Canada's Chalk River facility.

DENTAL HEALTH SERVICES

The aim of Dental Health Services is to accomplish an improvement in the dental health of all Manitobans. In achieving this goal, four major activities are involved; (1) dental treatment, (2) utilization of effective dental public health measures, (3) dental health promotion and education, as well as (4) research into dental public health problems.

The Manitoba Children's Dental Program expanded its dental treatment services to include approximately 49,000 of the province's children 6 - 14 years of age. The expansion effective September 1, 1984 included children 6 years of age in Portage la Prairie and Thompson, as well as School Divisions of Pembina Valley, Tiger Hills, Western, Garden Valley and Rhineland.

A further expansion of the program took place on January 1, 1985 and added

children born in 1976 and 1977 in Portage la Prairie and Thompson, as well as children born in the years 1971 to 1977 inclusive within the Pembina Valley, Mountain, Tiger Hills, Western, Garden Valley and Rhineland School Divisions.

The only areas not currently included in the Manitoba Children's Dental Program are the Cities of Winnipeg and Brandon.

Children receiving treatment are assigned according to residency to one of the two modes of delivering the program. The Manitoba Dental Association provides for approximately half of the dental treatment according to a fee-for-service using private practice dental offices. The Department of Health's program is school based employing dentists, dental nurses and assistants.

Utilization of the school based dental program continues to remain consistent at all age levels (85% of eligible children). Additional statistical data on the Manitoba Children's Dental Program and Preventive Program is contained in the Statistical Appendix (Part 3: Section 6; Tables 1-4).

The Manitoba Dental Association in the calendar year ending December 31, 1983 reported their utilization at an average of 85% of enrolled children treated. The cost per child treated was $90.72, while the cost per eligible child was $71.18. Additional statistical data on the delivery of the Manitoba Children's Dental Program by the Manitoba Dental Association is contained in the Statistical Appendix (Table 3).

Dental Services provides funding for special grants to the St. Amant Centre, the Churchill Northern Health Services and the Swampy Cree Tribal Council in Northern Manitoba.

In April of 1984, Dental Services assumed operation of the water fluoridation program from Environmental Control Services. The Village of Lac du Bonnet and the unincorporated village district of Cranberry Portage initiated water

fluoridation and received grants to purchase the appropriate equipment.

Communities who re-instated their water fluoridation programs were Gillam, Rivers and Birtle.

Ten candidates have successfully completed the first of the two year training program for Dental Nurses in Saskatchewan. An additional five candidates for the Dental Nurse Training Program were provided with Bursary assistance to undertake the two year training program.

OFFICE OF HEARING CONSERVATION

The Office of Hearing Conservation is responsible for the development and implementation of hearing screening, diagnostic assessments, and (re)habilitative audiology services in the health regions. The objectives of this program include the prevention of hearing impairment, its early identification, the initiation of appropriate auditory rehabilitative procedures, and research into techniques and methods designed to achieve these goals. Each rural health region has a hearing centre and Winnipeg region is in the process of being developed. All hearing centres are equipped with diagnostic test instruments for assessing hearing sensitivity and evaluating the performance of hearing aids. Sufficient portable equipment is also available at each Centre for conducting basic hearing tests at locations other than the permanent facility. Each Centre is staffed by a professional audiologist and in some regions, an audiometrist is employed to assist the audiologist with the hearing program.

Activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational and administration.

1. Clinical: The major clinical activity of this program has been the organization and implementation of hearing screening services and diagnostic assessment for all age groups. In 1983-84, 54,746 screenings

and assessments were conducted. This total includes 11,170 diagnostic assessments and 43,576 screenings. Additionally, 74 otologic clinics were held in various locations throughout the province.

2. Educational: The fifth annual industrial audiometric technicians training course was organized and delivered by the Office of Hearing Conservation. Fourteen representatives from various industries and health clinics located throughout the province attended the course. Following the course, an on-site visit to each facility was conducted to determine if the student was appropriately applying the information taught during the course, and if this was demonstrated, a certificate was granted.

   Lectures concerning hearing, hearing impairment, and hearing aids were given to medical and engineering students and to various community groups including physicians, nurses, teachers of the hearing impaired, safety and health officers, Workers Compensation Board officials as well as the general public.

3. Administration: A hearing centre was developed at Victoria General Hospital to serve the south quadrant of the Winnipeg Region. Hearing test equipment was obtained for Concordia Hospital and a hearing centre should be operational at this facility by mid-1985. Additional equipment was also obtained for a second hearing centre in the Eastman Region to be located in Steinbach. St. Boniface General Hospital was also provided with sufficient audiometric equipment to develop an audiology clinic.

The partial amalgamation of the Child Guidance Clinic's audiology program with Manitoba Health's program continued on schedule. One audiologist from the Child Guidance Clinic joined Manitoba Health this year and the grant to the Winnipeg School Division #1 for audiology services was reduced by 50 percent. The long-range plans call for Manitoba Health to

provide audiology services to all suburban Winnipeg school divisions and for the Child Guidance Clinic to provide a similar service specifically to the Winnipeg School Division #1.

In cooperation with the Winnipeg League for the Hard-of-Hearing, funds were contributed for the provision of lip reading lessons. These lessons are provided to small groups of hearing impaired residents that meet weekly at the Kinsmen Centre in Winnipeg.

Funds provided by the B.P.O. Elks and their auxiliary enabled a preschool auditory rehabilitation program to be initiated in the Westman Region. The primary objectives of this program include the early detection and rehabilitation of hearing impaired children. The service delivery model involves a team approach and allows for an individualized program to meet the unique needs of each hearing impaired child.

Future plans for the Hearing Conservation Directorate include the development of a subsidized hearing aid program for senior citizens and speech/language pathology services in rural Manitoba for preschoolers and adults.

MATERNAL AND CHILD HEALTH DIRECTORATE

The Maternal and Child Health Directorate is responsible for the development of programs and resources with the goal of promoting optimal health for expectant parents, new families, infants, and children. Programs are developed within the Preconceptual, Perinatal, Child Health and Parenting stages. Directorate staff continued to provide consultation and leadership services to departmental staff and health related agency personnel. During 1984, two new staff were appointed, bringing the directorate staff to a total of four. The Advisory Committee to the directorate meets on a regular basis, providing interdisciplinary direction and support.

Preconceptual Health

During 1984, the development of a provincial Reproductive Health Promotion Program continued to be a major priority. The purpose of the program is to make information and resources available to all men and women of reproductive age in order to assist them in attaining optimal reproductive health status. The program components are public awareness activities, community education, counselling, and clinical services. The specific target groups are youth, parents, and health professionals. Directorate staff have been involved in the development of educational resources and staff development programs to support regional implementation plans.

Prenatal Health

An extensive review and updating of educational resources and consequent purchase of new material for use by regional staff was undertaken. Directorate staff continued to play a coordinating role in the Parent and Childbirth Educator's network and was also involved in development of a university-based continuing education program for prenatal and parent educators. A revised format for prenatal education classes was undertaken and the development of televised prenatal education programs have been initiated. Based on the evaluation of the Postpartum Early Discharge project, a pilot project of home monitoring of selected antepartum patients has been undertaken and an assessment of the project is expected to be completed in 1985. Directorate staff were involved in the development of the Manitoba Postpartum Education Project and the Directorate funded the evaluation component of the project.

Child Health and Parenting Education

Expansion of the child health and parenting education areas are of significant importance to the Directorate. Educational resources have been purchased for use in parent and child health programming and Directorate staff participated in a Family Life Liaison Committee with the Department of Education. The

Directorate is cooperating with the Department of Pediatrics and the Department of Genetics in followup study of infants at risk.

Congenital Anomalies Registry

The central data base function of the registry continues with the purposes of the data base being surveillance and documentation. The data is reviewed regularly by the Department of Genetics, University of Manitoba.

Professional Development

In 1984, Directorate staff have provided in-service and continuing education to a number of health, education, and social services personnel throughout the province. They have also participated on a number of professional committee activities as members or advisors.

OFFICE OF CONTINUING CARE

The Office of Continuing Care is responsible for the province-wide coordination of Home Care as well as assessment for placement into personal care homes.

This office has responsibility for program direction and management including the establishment and maintenance of standards, program monitoring and evaluation, staff development, and liaison with other components of the health care system.

The program is delivered through the department's regional offices and sub-offices, and through five designated rural health centres. In Winnipeg there is also service delivery through four coordinating hospitals and short term services (under 60 days) are delivered through the Victorian Order of Nurses.

HOME CARE

The Home Care portion of the program continues to provide an alternative to institutional care by assisting individuals who require support services in order to remain at home. As a part of this program, respite care is arranged

as a support to families who are providing care.

In 1984 there was further development of several program components. The Continuing Care Program continued to support the concept of independent living for the physically disabled. Homemaking, personal care and home care attendant/orderly services were provided to 37 individuals living in the community in specially modified apartments known as FOKUS I, II and III units. A project similar to the FOKUS units, serving eight clients was operated by the Luther Home. Developments continued in 1984 towards a FOKUS-type project at The Pas and a FOKUS IV unit in Winnipeg.

In August 1984, the Manitoba Home Care Orderly Service was introduced to meet the needs of those physically disabled and other Home Care clients who require assistance with personal care. An implementation committee composed of consumers of the service, departmental and program staff was appointed by the Health Minister to guide the development of the service. The number of persons receiving this service has increased from 206 at the program's inception to 356 persons as of December 1984.

During 1984, program staff participated with regional staff in the review of the service delivery of the Continuing Care program at the area and regional levels. In cooperation with the Victorian Order of Nurses, the Office of Continuing Care conducted a major review concerning the role of referral nurses from Home Care offices within Winnipeg hospitals, in facilitating the discharge of patients to the community.

Program staff continue to provide consultation and direction to departmental and community-based services related to Home Care and Personal Care Home Placement. There has been staff representation on several continuing and special committees concerned with program development, review and recommendations related to service delivery concerning special housing services for the young

disabled persons, the expansion of Adult Day Care, support services for seniors, hospital and patient discharge planning. Staff have also participated on several inter-departmental review committees dealing with topics such as health services, elder abuse, Home Care services and payroll systems.

The Office of Continuing Care has supported the ongoing development of professional knowledge and skill through the sponsorship of a two-day staff development workshop for case coordinators and program supervisors on family therapy. Homemakers, who required additional skills in meeting the personal care needs of clients whose needs have increased, were provided with training modules. These modules are at a level which meets the requirements of the Red River Community College for a Home Care Attendant certificate.

Program statistics for 1984 indicate an increase in the number of clients receiving specific services. Compared to 1983 figures, the average monthly number of persons receiving services in 1984 demonstrated the following increases: homehelp services 8%; auxiliary services (LPN, orderlies, Home Care Attendants) 5%; and therapy services 3%. The number receiving Nursing services was relatively the same in 1984 as in 1983.

In 1984, 10,221 persons were admitted to the program compared to 9,733 in 1983. Without the availability of Home Care, 20% of persons admitted to the program this year would have required Personal Care Home Placement, 44% would have been admitted to or remained in hospital and 36% would have been in the community without appropriate care.

The number of persons discharged from the program in 1984 was down marginally. Of the 9,376 persons in 1984 who were discharged from the program 9% were placed in a personal care home; 15% were admitted to hospital; 39% improved to the extent that their care could be managed personally or by family; 15% had service provided by others; and 17% were deceased.

The Home Care Program recruits and provides part-time community employment for professionals and para-professionals. As of December 31, 1984 approximately 2,200 persons were employed on a part-time basis to deliver homemaking and personal care services. In addition, 249 Registered Nurses, 122 Licensed Practical Nurses and 390 Home Care Attendants provided nursing and personal care services. Therapy services are provided through Community Therapy Services of Manitoba.

In 1984, the program continued to benefit from the work of volunteers who provide services such as meal delivery, friendly visiting and daily telephone reassurance, transportation and escort service.

PERSONAL CARE HOME PLACEMENT

For some individuals the most appropriate care alternative is placement in a personal care home. The number on the waiting list for placement as of December 31, 1984 increased 26% in the Winnipeg area and decreased 13% in rural areas as compared to the same period in 1983. The provincial total demonstrated a 7% increase. This year the rate at which personal care home beds became available for new admission was significantly lower than in 1983.

HEALTH CARE TO THE NORTH

The responsibility to provide health services in northern Manitoba communities with a low population density is divided between the Manitoba Health, and Medical Services, Health and Welfare Canada in accordance with a 1964 Memorandum of Agreement. This agreement designates:

a) communities with a majority treaty population to federal jurisdiction for the provision of clinical and community health services,
b) communities with a majority non-treaty population to provincial jurisdiction for the provision of clinical and community health services.

Manitoba Health provides primary care and public health nursing services in 20 northern and/or difficult to access areas in Thompson, Norman, Interlake, Eastman and Parklands Regions where access to other medical services and facilities is limited.

The main objectives include:

a) providing access to early diagnosis, treatment and follow-up of disease through primary care clinics, 24 hour emergency/first aid services and referrals to physicians.

b) disease prevention and health promotion through activities that are consistent with the program objectives of Community Health Services Division.

MENTAL HEALTH DIRECTORATE

In May 1984, the Mental Health Directorate was formed with a mandate to address, in consultation with the Chief Provincial Psychiatrist, all concerns relative to the development of a continuum of mental health services. Organizational ties were established between the Manitoba Health Services Commission, the mental health institutions, and the community-based mental health services. A director was appointed on July 1, 1984.

Issues to be addressed included:

- the development of resources in the community;
- the coordination of institutional services and community based services;
- the establishment and development of a central advisory committee and regional advisory committees;
- planning for services to be purchased from external agencies;
- establishment of program standards and evaluation criteria as well as mental health management information system;
- review and revision of The Mental Health Act; and
- the recruitment and on-going training of appropriate mental health professionals.

COMMUNITY MENTAL HEALTH SERVICES

The goals of Community Health Services is to maximize the integration in the community for all clients at their highest level of functioning. The client group can be classified into three categories: the post-mentally ill, those identified as being at risk for developing a psychiatric disturbance, and those with other mental health problems.

The community mental health team provides comprehensive assessment, consultation, crisis intervention services, direct treatment and follow-up, and community education to individuals throughout the province. The program is also involved in the planning, development and maintenance of community residences, independent and group living programs, foster homes, respite care, and day programs.

The mental health professionals are actively involved in a continuing education program to up-grade their professional skills and knowledge in meeting the varied needs and problems of clients that are serviced by the program.

Efforts are continuing to have psychiatric and psychological input into the mental health teams in the rural regions. This will ensure that clients are serviced as close to their home as is possible.

OFFICE OF THE CHIEF PROVINCIAL PSYCHIATRIST

In addition to administration of the Mental Health Services Act, the Chief Provincial Psychiatrist is directly responsible for Forensic and Community Psychiatric Services for children. This position provides professional consultation services to other divisions of the department in the delivery of mental health services.

The Chief Provincial Psychiatrist continued to also maintain a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba which ensured an important linkage between the academic community and mental health field services.

During 1984, a committee chaired by the Chief Provincial Psychiatrist was formed to review The Mental Health Act and to make recommendations concerning possible amendments. This review is currently underway and the committee is presently examining written briefs from a number of agencies and individuals.

The Provincial Psychiatrist continued to receive large numbers of requests to place mentally disordered persons under supervision in accordance with Section 17 of The Mental Health Act.

Although not a statuatory requirement, the Chief Provincial Psychiatrist administers a review program whereby compulsory patients in psychiatric facilities may appeal their admissions. Reviews are conducted by senior psychiatrists and during 1984, a total of 35 were held. The majority of reviews were at Mental Health Centres in Brandon and Selkirk.

FORENSIC SERVICES

Adult Forensic Services function as an integral part of the Department of Psychiatry of the University of Manitoba. The clients are accused persons referred from the Courts, the Correctional Institutions and Probation Services. In-patient beds for the further investigation and treatment of mentally ill offenders are available, although, there continues to be a shortage of psychiatric beds at the Health Sciences Centre. Professional staff of Adult Forensic Services include a general physician, a senior psychologist, and a social worker.

Children's Forensic Services is located in the Manitoba Youth Centre. This unit is staffed by two part-time psychiatrists with a third psychiatrist to be in place by January 1985. It receives referrals from the Courts, Probation Services, and staff of the Manitoba Youth Centre.

COMMUNITY PSYCHIATRIC SERVICES FOR CHILDREN

Community Psychiatric Services for Children (C.P.S.C.) provides comprehensive mental health services to psychiatrically disturbed children, adolescents and their families throughout Manitoba.

C.P.S.C. is centrally administered through the Mental Health Directorate, which is responsible for working with the Regional Directors in the identification of the specific child psychiatric needs within the region, and for the appropriate provision of services.

C.P.S.C. operates an intensive six-month staff training program in community child psychiatry in co-operation with the Department of Psychiatry, Faculty of Medicine, University of Manitoba. Upon successful completion of this training program, the Community Mental Health Worker is deployed to the region, with the Directorate maintaining responsibility for program standards, professional development, clinical supervision and consultation. In 1984, training programs were conducted for staff in rural/northern Manitoba and other psychiatric non-medical mental health personnel.

During 1984, C.P.S.C. staff provided services to all health regions in the province as well as providing direct and consultative services to a number of native communities including Easterville, Grand Rapids, Moose Lake, Umperville, Big Eddy, Cormorant, Chief Peguis, Fairford, Gypsumville, Island Lake, God's Lake, Berens River, Ft. Alexander, Brokenhead, Rosseau, White Horse Plains, Long Plains, Dakota Teepee, Dakota Plans, and Sandy Bay.

Staff maintain a close liaison with the mental health care facilities in Winnipeg to ensure a more equitable access to the full spectrum of mental health services for all regions. They consult with schools, health care agencies and organizations, rural mental health teams, other government departments regarding child and adolescent mental health issues. This also

includes resource development as well as professional and public education on mental health topics.

In Winnipeg, C.P.S.C. provides clinical and program consultation to the Department of Community Services particularly with regard to the Child Welfare System, the Department of Education through the Child Guidance Clinic of Winnipeg, and hospital-based psychiatric services through the Children's Hospital and the St. Boniface General Hospital. Psychiatrists at the Child Guidance Clinic are assigned to a multidisciplinary team responsible for services to children, adolescents and their families in a designated school catchment area. These psychiatrists provide emergency, assessment, diagnosis and treatment for psychiatrically disturbed children and adolescents. In addition, they offer consultation and professional education to the team and other professional staff in the community.

C.P.S.C. works in close co-operation with the newly opened Manitoba Adolescent Treatment Centre and is located within this facility. The Centre is able to fill an essential need in service delivery - that of a long-term highly intensive treatment program for the most severely psychiatrically disturbed adolescents in the province. A network between rural and Winnipeg based services facilitates early identification of adolescents requiring these services and provision of effective service delivery.

MEDIA SERVICES

This branch is responsible for the overall co-ordination and development of mass media communication policies and programs for Manitoba Health. The Director works closely with senior administrators and program managers to identify communication needs and to assist in the development of priorities, policies and programs to meet those needs.

This unit is responsible for the co-ordination of planning, implementation,

and evaluation of communication strategies and educational resources developed by Manitoba Health.

During 1984, the Co-ordinator played a major role in the development of public information campaigns concerning Western Equine Encephalitis, Smoking and Health, and Sexually Transmitted Disease. The Co-ordinator also provides ongoing consultation and assistance to health related agencies and institutions regarding mass media program development.

PROVINCIAL GERONTOLOGIST

In 1984, the provincial gerontologist provided gerontological advice, consultation and information related to policy and programs to senior departmental and governmental staff, to community organizations, educators and the general public.

The provincial gerontologist is able to call upon liaison officers appointed by each provincial department and appropriate commissions and crown corporations to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS) (chaired by the provincial gerontologist and with representation from the provincial departments of Health, including the Manitoba Health Services Commission, Housing and Community Services as well as the Canada Mortgage and Housing Corporation) was formed as a result of concerns for the supported independence needs of our older population. IACSSS has been established as the source to provide funding to encourage initiatives of this kind at the community level. The agent or service provider applying for project funding may be an existing board or agency, a newly established group or a federation of existing agencies and philanthropic community groups. Flexibility in policy provides for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing

support services. Funds have been approved for approximately thirty-seven projects to be phased in over a three year period.

The Manitoba Council on Aging, composed of 15 members, reports to government through the provincial gerontologist. The Council ensures that public participation is reflected in the gerontologist's function. The Minister of Health, in calling the Fourth Manitoba Conference on Aging for May 1985, at the request of the Manitoba Council on Aging, designated the provincial gerontologist to chair the Conference Planning Committee which has been actively involved during 1984 in preparation for the conference. The theme of the Conference will be "Aging: Fiction, Fact and the Future".
The government's commitment to aging as a high priority concern and to involving senior citizens in finding appropriate solutions to concerns which affect them is clearly demonstrated in the membership of the Manitoba Council on Aging, the development of Support Services to Seniors projects, the work of the provincial gerontologist, as well as the departmental support to the continuation of the Aging in Manitoba projects.

RESEARCH AND PLANNING DIRECTORATE

During 1984, the Directorate provided representation and support services to the Mental Health Advisory Committee which received 25 oral/written submissions and 50 written submissions from individuals and agencies. This Committee was formed following the submission of the Report of the Mental Health Working Group, that reviewed mental health services in the province and underlined the need for a more balanced and integrated approach to service delivery. The Report of the Mental Health Advisory Committee was submitted to the Minister in June, 1984, and was approved-in-principle by Cabinet in November, 1984.

A Health Services Review Committee was established by the Minister in December,

1983. The Director of Research and Planning chairs the Steering Committee and the Directorate provides support services to the subcommittees. There are 158 committee and sub-committee members including representation from the College of Physicians and Surgeons of Manitoba, the Manitoba Association of Registered Nurses, the Manitoba Medical Association, the University of Manitoba, Manitoba Health Services Commission, as well as urban and rural hospitals and senior government staff. The mandate of the committee is to review health care issues and submit recommendations to the Minister of Health.

Federal-Provincial activities constitute an important component of the Directorate's function. Manitoba submissions to the National Health Research Development Program are reviewed and assigned a provincial priority rating. A member of the Directorate also serves on the technical review committee. The Directorate continues to attend manpower-related committee meetings at the interprovincial and federal-provincial level. Consultation is provided on the development of federal dental hygiene standards and to the World Health Organization, European Region regarding nursing standards.

A federally-funded research project to evaluate the quality of nursing care was co-sponsored by the Directorate and the Manitoba Association of Registered Nurses. The Directorate served as principal investigator and consultant through two federal research applications. Information has been produced and submitted to international journals, other publications and books have been presented at national and international conferences.

In consultation with a health economist from the University of British Columbia, the Directorate has conducted a medical and hospital services utilization review. Historical data from 1971-72, 1976-77 and 1981-82 were analyzed to measure changes in health care utilization during this decade. A report on the findings has been submitted to the Minister of Health.

A provincial health manpower data base is maintained by the Directorate

and position papers related to health manpower policy developments are prepared and updated on an ongoing basis.

In January, 1984, a Nursing Review Committee was established by the Health Minister to examine the utilization, preparation and supply of the various categories of nursing personnel. The committee includes representation from the Manitoba Association of Registered Nurses, the Manitoba Association of Licensed Practical Nurses, the Manitoba Association of Registered Psychiatric Nurses, the Manitoba Organization of Nurses Association, the College of Physicians and Surgeons of Manitoba, lay representatives and senior government staff. The Directorate serves as secretary to the Committee. During 1984, 98 submissions were received.

Other activities currently underway in the Directorate include:

- A review of Computerized Axial Tomography (C.A.T.) scanner utilization throughout Canada and in Europe;
- In conjunction with the Manitoba Health Services Commission Facilities Division, a position paper examining the utilization of community health centres as an alternative for the delivery of primary health care has been prepared and is under consideration by the Manitoba Health Services Commission Board;
- An assessment of the sociodemographic characteristics and the degree of nursing care provided to medical patients in Winnipeg hospitals was conducted in November, 1984. Follow-up data will be obtained in February, 1985;
- Regular consultation with the First Nations Confederacy regarding special health concerns of status Indians;
- The development of a Day Hospital data base to use in the evaluation of Provincial Day Hospital activities;
- An assessment of the Maternal Early Discharge Program at St. Boniface Hospital;
- Assistance in the development of a home care program for mothers with pregnancy induced hypertension and development of an evaluation strategy for the program;
- A number of comprehensive literature reviews in major health care areas;
- An interprovincial study on the future needs in the area of organ transplantation.

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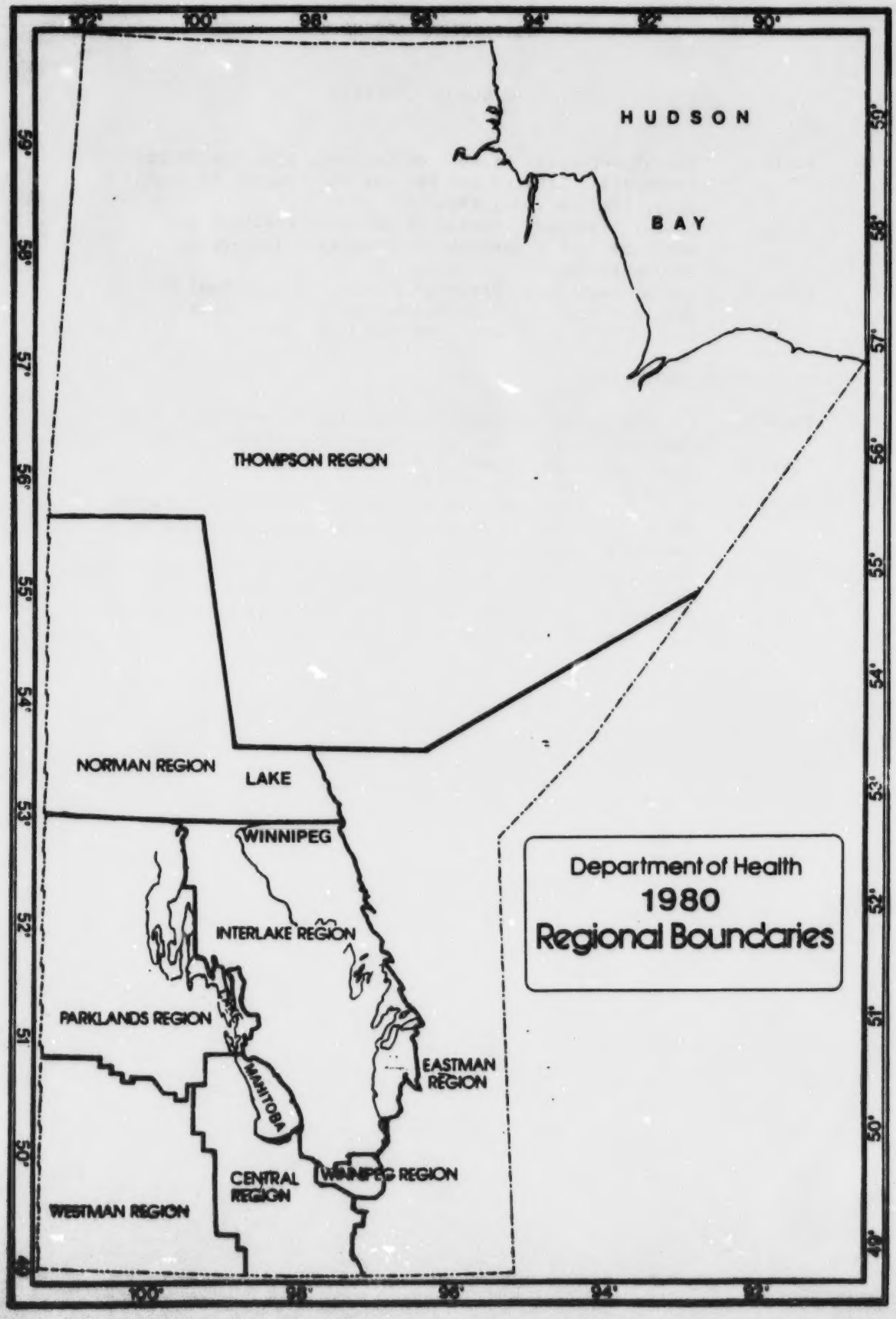
HUDSON
BAY
THOMPSON REGION
NORMAN REGION
LAKE
WINNIPEG
INTERLAKE REGION
PARKLANDS REGION
EASTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WESTMAN REGION
Department of Health
1980
Regional Boundaries

POPULATION OF MANITOBA

Part 1
Table 1

TABLE 1
POPULATION OF MANITOBA
BY HEALTH REGION; BY AGE GROUP AND SEX - JUNE 1, 1984

HEALTH REGION	SEX	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	TOTALS
CENTRAL	M	3,942	3,791	3,803	4,111	4,139	3,697	3,257	2,804	2,283	2,022	1,881	2,010	1,971	1,860	3,761	45,332
	F	3,641	3,602	3,719	3,878	3,688	3,416	2,964	2,717	2,201	1,988	1,988	2,000	2,260	1,932	4,639	44,713
	T	7,583	7,393	7,522	7,989	7,827	7,113	6,221	5,521	4,484	4,010	3,869	4,090	4,231	3,792	8,400	90,045
EASTMAN	M	3,160	3,205	3,230	3,385	3,231	2,889	2,758	2,555	2,067	1,721	1,573	1,559	1,453	1,257	2,330	36,373
	F	2,930	3,088	3,146	3,117	2,767	2,689	2,802	2,365	1,995	1,568	1,466	1,453	1,676	1,179	2,497	34,538
	T	6,090	6,293	6,376	6,502	5,998	5,578	5,560	4,920	4,062	3,289	3,039	3,012	2,929	2,436	4,827	70,911
INTERLAKE	M	2,176	2,393	2,706	2,818	2,678	2,387	2,345	2,230	1,903	1,572	1,627	1,670	1,529	1,419	2,389	31,722
	F	2,122	2,252	2,585	2,678	2,201	2,232	2,267	2,203	1,762	1,542	1,517	1,512	1,612	1,320	2,627	30,632
	T	4,298	4,645	5,371	5,496	4,879	4,619	4,612	4,433	3,665	3,114	3,144	2,982	3,141	2,739	5,016	62,354
NORMAN	M	1,009	964	981	886	1,121	1,163	941	814	575	498	460	443	362	260	479	10,956
	F	915	933	933	890	1,026	1,021	877	679	549	423	382	411	337	306	545	10,227
	T	1,924	1,897	1,914	1,776	2,147	2,184	1,818	1,493	1,124	921	842	854	699	566	1,024	21,183
PARKLAND	M	1,563	1,690	1,762	1,880	1,776	1,494	1,452	1,369	1,104	1,126	1,092	1,265	1,324	1,207	2,557	22,721
	F	1,400	1,587	1,668	1,817	1,443	1,417	1,395	1,264	1,105	1,005	1,104	1,249	1,348	1,250	2,931	21,983
	T	2,963	3,277	3,430	3,697	3,219	2,911	2,847	2,633	2,269	2,131	2,196	2,514	2,672	2,457	5,488	44,704
THOMPSON	M	1,100	1,103	1,144	1,070	1,061	1,164	1,045	974	680	543	386	262	156	68	69	10,825
	F	1,074	1,063	1,055	954	1,073	1,091	1,047	792	582	373	271	181	128	54	70	9,810
	T	2,174	2,168	2,199	2,024	2,134	2,255	2,092	1,766	1,262	916	657	443	284	122	139	20,635
WESTMAN	M	4,404	4,448	4,503	4,755	5,250	4,862	4,222	3,662	2,951	2,635	2,819	3,080	2,950	2,828	5,801	59,170
	F	4,142	4,102	4,205	4,640	4,966	4,559	4,104	3,547	3,003	2,742	2,790	3,062	3,416	3,001	7,309	59,560
	T	8,546	8,550	8,708	9,395	10,218	9,421	8,326	7,209	5,954	5,377	5,609	6,142	6,366	5,829	13,110	118,760
WINNIPEG	M	21,236	20,404	21,504	23,321	30,416	29,328	26,055	22,331	16,787	14,411	14,522	13,805	13,155	10,304	18,243	295,822
	F	20,026	19,557	20,539	22,952	31,671	29,885	26,530	22,624	17,058	14,663	14,909	13,714	13,755	13,148	29,538	314,569
	T	41,262	39,961	42,043	46,273	62,087	59,213	52,585	44,955	33,845	29,074	29,431	29,519	28,910	23,452	47,781	610,391
TOTAL REGIONS	M	38,590	37,998	39,713	42,226	49,672	46,984	42,075	36,739	28,410	24,528	24,360	23,894	22,800	19,203	35,629	312,921
	F	36,250	36,186	37,850	40,926	48,837	46,310	41,986	36,191	28,255	24,304	24,427	25,662	26,332	22,190	50,156	525,662
	T	74,840	74,184	77,563	83,152	98,509	93,294	84,061	72,930	56,665	48,832	48,787	49,556	49,232	41,393	85,785	1,038,583
UNORGANIZED TERRITORIES	M	682	659	643	622	615	536	421	345	243	225	213	176	151	146	222	5,699
	F	645	613	637	629	589	560	390	241	195	222	201	132	135	108	148	5,445
	T	1,327	1,272	1,280	1,251	1,204	1,096	811	586	438	447	414	308	286	254	370	11,344
INDIAN BANDS	M	3,779	3,295	3,262	3,195	2,649	1,921	1,473	1,195	924	754	623	502	390	302	576	24,840
	F	3,548	3,156	3,242	3,099	2,708	1,948	1,437	1,104	799	686	512	429	340	273	515	23,796
	T	7,327	6,451	6,504	6,294	5,357	3,869	2,910	2,299	1,723	1,440	1,135	931	730	575	1,091	48,636
TOTAL MANITOBA	M	43,051	41,952	43,618	46,043	52,936	49,441	43,969	38,279	29,577	25,507	25,196	24,572	23,441	19,651	36,427	343,660
	F	40,443	39,955	41,729	44,654	52,134	48,818	43,813	37,536	29,249	25,212	25,140	26,223	26,807	22,571	50,819	355,103
	T	83,494	81,907	85,347	90,697	105,070	98,259	87,782	75,815	58,826	50,719	50,336	50,795	50,248	42,222	87,246	1,098,763

TABLE 1
MENTAL HEALTH CENTRES:
ADMISSIONS AND SEPARATIONS BY INSTITUTIONS - 1982 TO 1984

INSTITUTION	ADMISSIONS			SEPARATIONS[1]			IN-PATIENTS AT DECEMBER 31			TOTAL UNDER TREATMENT[2]		
	1982	1983	1984	1982	1983	1984	1982	1983	1984	1982	1983	1984
Brandon Mental Health Centre	485	484	382	532	511	416	519	492	451	1,056	1,008[3]	879
Selkirk Mental Health Centre	238	167	145	239	200	155	367	350	345	646[3]	574[3]	519
Eden Mental Health Centre	198	160	206	190	180	187	44	24	43	234	204	230
TOTAL	921	811	733	961	891	758	930	866	839	1,936[3]	1,786[3]	1,628

[1]Exclude probations.

[2]Population on register (Resident population plus population on probation) at the beginning of the year plus admissions.

[3]Revised.

TABLE 2
MENTAL HEALTH CENTRES:
AVERAGE DAILY PATIENT POPULATION
BY INSTITUTION - 1980 TO 1984

INSTITUTION	1980	1981	1982	1983	1984
Brandon Mental Health Centre	556.0	551.1	535.1	506.0	458.1
Selkirk Mental Health Centre	359.8	371.4	370.7	360.7	345.4
Eden Mental Health Centre	33.6	36.7	33.1	34.9	35.4

TABLE 3
MENTAL HEALTH CENTRES:
AVERAGE LENGTH OF STAY FOR DISCHARGES BY INSTITUTION - 1980 TO 1984

INSTITUTION			AVERAGE LENGTH OF STAY				
			1980	1981	1982	1983	1984
Brandon Mental Health Centre	Patient in Hospital 1 Year or More	Years	9.4	14.0	12.7	11.4	15.2
	Patient in Hospital Less than 365 days	Days	74.9	74.1	71.5	70.1	70.8
Selkirk Mental Health Centre	Patient in Hospital 1 Year or More	Years	4.7	7.0	6.7	6.5	16.1
	Patient in Hospital Less than 365 days	Days	71.1	80.9	92.9	93.7	83.0
Eden Mental Health Centre	Patient in Hospital 1 Year or More	Years	2.8	4.2	2.1	1.4	1.8
	Patient in Hospital Less than 365 days	Days	42.0	40.4	36.3	56.0	44.0

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TABLE 4
MENTAL HEALTH CENTRES:
OUT-PATIENT CASELOAD MOVEMENT[1] - 1984

INSTITUTIONS	ACTIVE CASES[2] AT BEGINNING OF YEAR	REGISTRATIONS DURING YEAR	TERMINATIONS DURING YEAR	ACTIVE CASES AT END OF YEAR
Brandon Mental Health Centre	1,212[3]	1,165	1,521	856
Selkirk Mental Health Centre	1,174	320	333	1,161
Eden Mental Health Centre	N/A	N/A	N/A	N/A
Total[4]	2,386[3]	1,485	1,854	2,017

[1]Caseload movement includes those cases who are receiving treatment services by medical, psychological and/or social services staffs.

[2]Criteria for active cases are those receiving service during the previous twelve months for Selkirk Mental Health Centre and the previous ninety days for Brandon Mental Health Centre.

[3]Revised.

[4]Excludes Eden

TABLE 5
MENTAL HEALTH CENTRES:
OUT-PATIENT AND OUT-PATIENT CONTACTS - 1984

INSTITUTIONS	FORMER IN-PATIENTS	NOT FORMER IN-PATIENTS	TOTAL OUT-PATIENTS	TOTAL CONTACTS
Brandon Mental Health Centre	687	939	1,626	7,218
Selkirk Mental Health Centre	946	274	1,220	6,593
Eden Mental Health Centre	467	446	913	2,544
Total	2,100	1,659	3,759	16,355

TABLE 1
COMMUNITY MENTAL HEALTH CASELOAD MOVEMENT BY REGION - 1984

	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
Beginning of Year	218	382	220	210	305	94	502	1,384	3,315
Cases Opened	322	331	199	282	314	335	273	1,193	3,249
Total Cases	540	713	419	492	619	429	775	2,577	6,564
Cases Closed	365	289	214	247	397	303	266	1,162	3,243
End of Year	175	424	205	245	222	126	509	1,415	3,321

TABLE 1
ADULT FORENSIC SERVICES: NUMBER OF PATIENTS SEEN
1983 AND 1984

HEALTH SCIENCES CENTRE[1]	1983	1984
Patients Admitted	163	137
Out-Patients seen for Psychiatric Assessment	64	106
Patients seen on a follow-up basis	491	573

[1]In addition 477 and 774 residents of Headingly Correctional Institution were seen by a Psychiatrist at the institution in 1983 and 1984 respectively.

TABLE 2
CHILDREN'S FORENSIC SERVICES: NUMBER OF REFERRALS BY
CATEGORY - 1983 AND 1984

PROBATION REFERRALS	NUMBER OF CASES	
	1983	1984
Psychiatric	73	60
Psychological	66	50
Psychiatric/Psychological	10	19
Consultative Conferences	7	3
Total	156	132

OTHER REFERRALS	NUMBER OF SESSIONS - 1984	
	INITIAL	FOLLOW-UP
Manitoba Youth Centre	34	4
Doncaster Centre for Youth	8	32
Agassiz Centre for Youth	9	6
Regular	-	34
Total	51	76[1]

[1]Includes one in open custody.

TABLE 1
WINNIPEG CHILD GUIDANCE CLINIC:
NUMBER OF CHILDREN SEEN - 1979/80 TO 1983/84

	1979/80	1980/81	1981/82	1982/83	1983/84
Beginning of School Year	230	261	328	289	343
Cases Opened	438	283	256	262	256
Total Cases	668	544	584	551	599
Cases Closed	407	220	273	222	272
End of School Year	261	324	311	329	327

TABLE 2
RURAL AREA[1]:
NUMBER OF CHILDREN SEEN - 1980 TO 1984

	1980	1981	1982	1983	1984
Total Cases	615	695	745	1,313	1,017

[1]Includes Brandon

TABLE 1
PUBLIC HEALTH NURSING REPORTED CASELOAD
MOVEMENT BY CATEGORY - 1984

	CATEGORY							
	MATERNAL	CHILD CARE	SCHOOL	ADULT	ELDERLY	COMMUNI-CABLE DISEASES	MENTAL HEALTH	TOTAL
Beginning of Year	335	4,162	287	875	868	123	35	6,685[1]
Cases Opened	409	4,317	142	579	390	192	7	6,036
Total Cases	744	8,479	429	1,454	1,258	315	42	12,721
Cases Closed	417	3,885	165	596	677	174	31	5,945
End of Year	327	4,594	264	858	581	141	11	6,776

[1]Revised

TABLE 1
COMMUNICABLE DISEASES - REPORTED CASES IN MANITOBA 1983 AND 1984

DISEASE	NUMBER OF CASES	
	1983	1984
Intestinal Infectious Diseases:		
Typhoid fever (002.0)	3	5
Paratyphoid Fever (002.9)	3	2
Salmonellosis (003)	227	234
Shigellosis (004)	440	688
Food Poisoning (Bacterial)		
Staphylococcal (005.0)	3	4
Clostridium Perfringens (005.2)	-	-
Other Clostridia (005.3)	-	-
Vibrio Parahaemolyticus (005.4)	-	-
Bucillus Cereus (005.8)	-	-
Unspecified (005.9)	3	13
E. Coli Enteritis (008.0)	1	-
Tuberculosis:		
Primary (010)	34	33
Respiratory (011 - 012)	137	117
Non-respiratory (013 - 018)	37	33
Venereal Diseases:		
Gonococcal Infections (098)	3,761	3,350
Primary and Secondary Syphilis	23	58
Syphilis (Other)	53	64
Chancroid (099.0)	-	-
Diseases of Central Nervous System:		
Meningitis		
Bacterial		
Haemophilus (320.0)	28	17
Pneumonococcal (320.1)	14	6
Other	22	8
Viral		
Aseptic Meningitis Due to Coxsackie (47.0)	2	3
Echo Virus (47.1)	8	-
Other Viral (47.9)	52	55
Encephalitis		
Western Equine Encephalitis (062.1)	18	-
Encephalitis Unspecified (062.9)	1	-

TABLE 1 (CONTINUED)
COMMUNICABLE DISEASES - REPORTED CASES IN MANITOBA 1983 AND 1984

DISEASE	NUMBER OF CASES	
	1983	1984
Other Bacterial Diseases:		
Diphtheria Cases (032)	2	3
Diphtheria Carriers (Vo 2.4)	48	26
Meningococcal Infections (036)	15	19
Pertussis (033)	6	35
Brucellosis (023)	3	1
Other Viral Diseases:		
Hepatitis A (070.0)	426	821
Hepatitis B (070.2)	73	160
Measles (055)	1	-
Rubella (056)	374	34
Congenital Rubella (771.0)	1	-
Mumps	3	4
Rare Diseases:		
Ameobiasis (006)	26	19
Leprosy (030)	1	3
Malaria (084)	10	12
Psittacosis (073)	2	-
Legionnaires Disease (482.8)	5	6
Tularemia (021)	1	-
Tetanus (037)	1	-
Hepatitis Non A - Non B (070.5)	5	3

Figure 1
REPORTED RUBELLA CASES (056)
WINNIPEG AND RURAL AREA - 1973 TO 1984

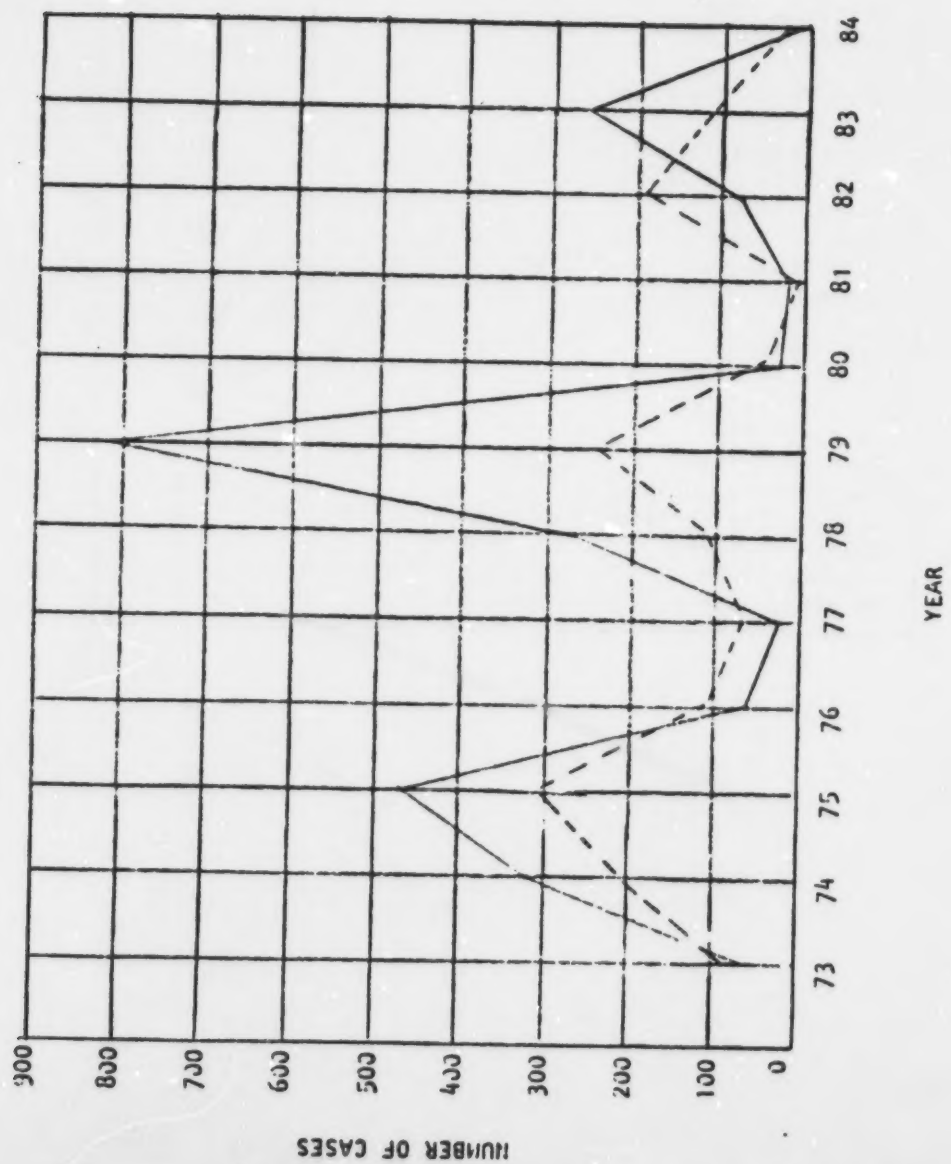

Figure 2
REPORTED GONOCOCCAL INFECTIONS (098)
RATE PER 10,000 POPULATION
1960 - 1984

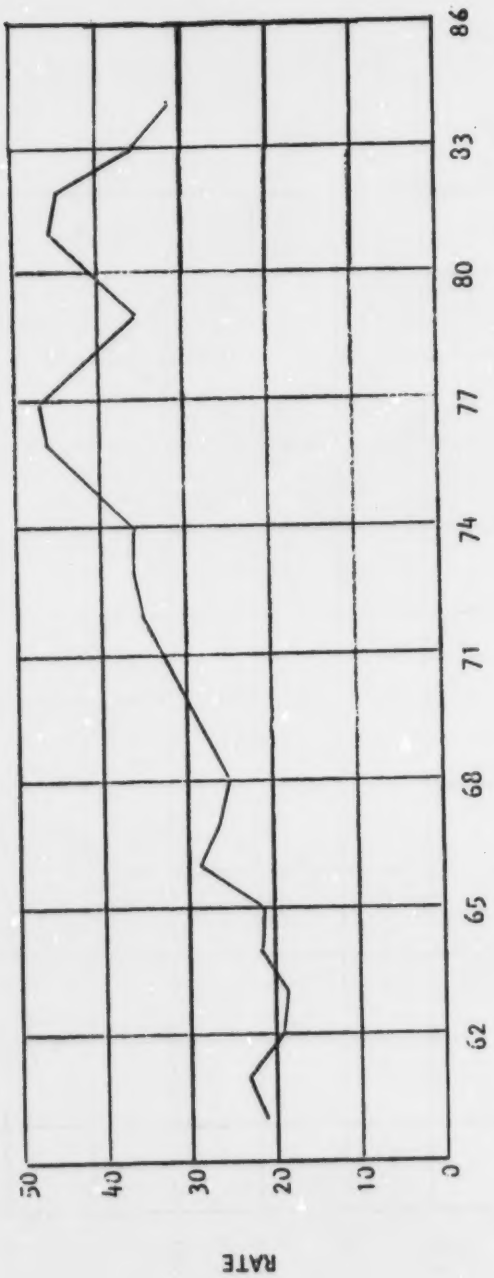

Figure 3
REPORTED SALMONELLOSIS (003)
WINNIPEG AND RURAL AREA - 1973 TO 1984

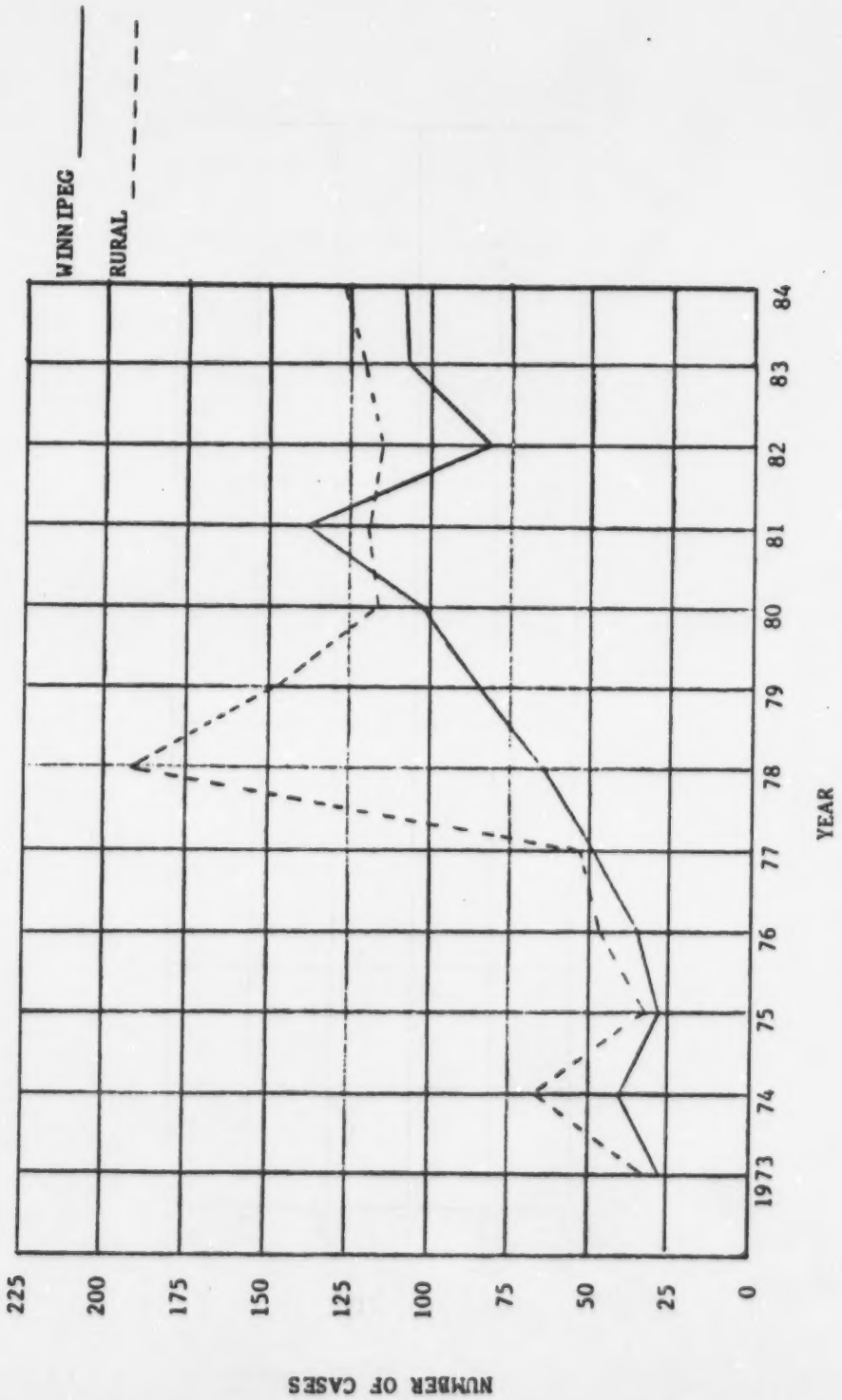

Figure 4
REPORTED HEPATITIS A (070.0)
WINNIPEG AND RURAL AREA - 1973 TO 1984

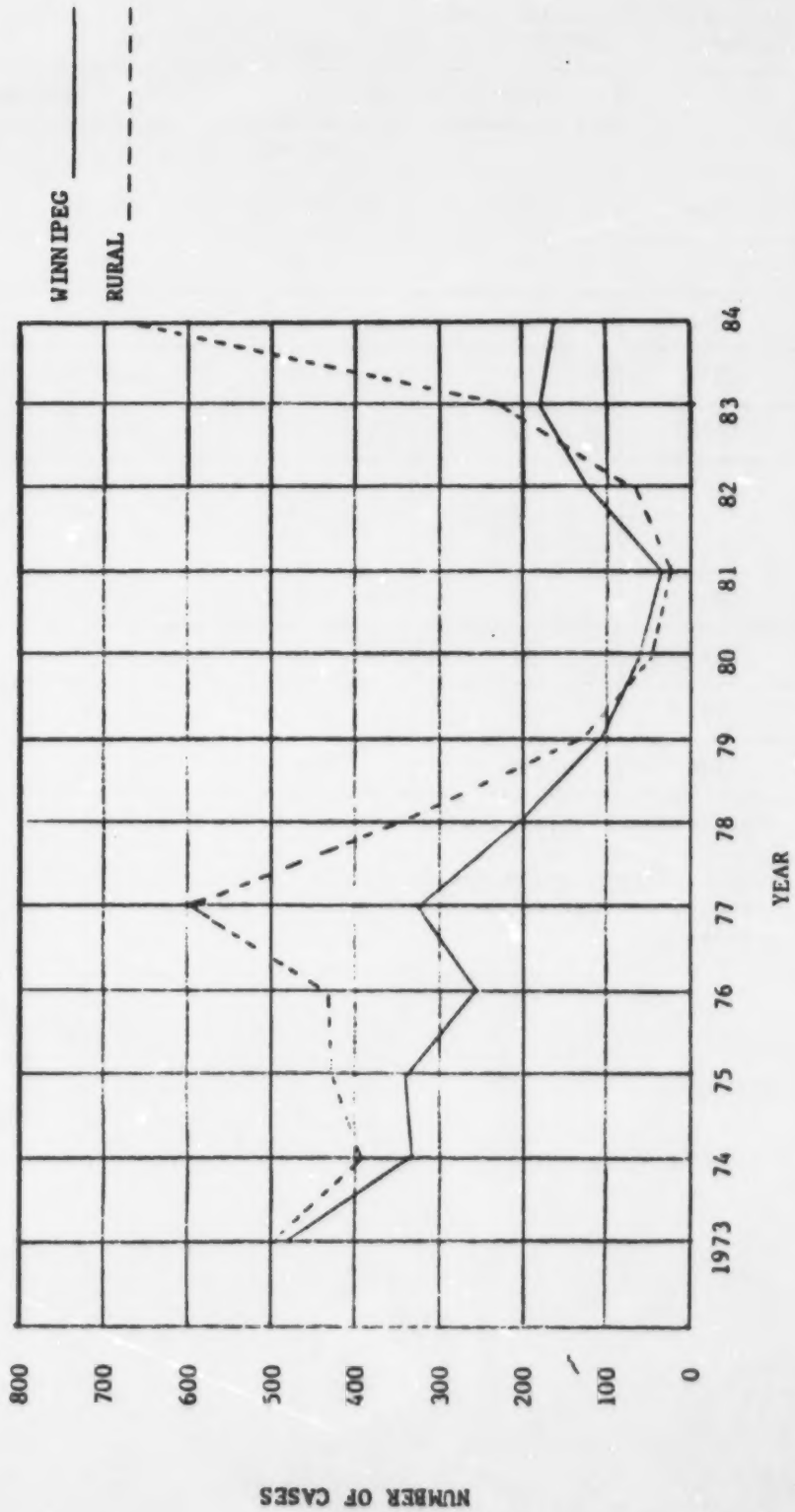

TABLE 2
REPORTED INFECTIOUS SYPHILIS AND GONORRHOEA
(LABORATORY CONFIRMED) IN MANITOBA, 1975 TO 1984

YEAR	INFECTIOUS SYPHILIS[1]		GONORRHOEA	
	NUMBER	RATE PER 100,000 MANITOBANS	NUMBER	RATE PER 100,000 MANITOBANS
1975	20	1.9	4,246	402
1976	17	1.6	4,782	446
1977	20	1.8	4,803	443
1978	42	3.8	4,214	385
1979	12	1.1	3,621	330
1980	9	0.9[2]	4,084	397[2]
1981	19	1.8	4,671	433
1982	11	1.0	4,608	424
1983	23	2.1	3,761	345
1984	58	5.3	3,350	305

[1]Infectious syphilis, with reported primary and secondary lesions.

[2]M.H.S.C. population estimates for 1980 are not available. As a result, Statistics Canada population estimates have been used for 1980 rates.

TABLE 3
REPORTED CASES OF SYPHILIS[1] AND GONORRHOEA BY
AGE AND SEX - 1984

AGE GROUP	GONORRHOEA				SYPHILIS			
	MALE	FEMALE	TOTAL	% OF TOTAL	MALE	FEMALE	TOTAL	% OF TOTAL
0 - 19	233	483	726	21.67	1	3	4	3.28
20 - 24	673	531	1,204	35.94	18	3	21	17.21
25 - 29	427	222	649	19.37	25	4	29	23.77
30 - 39	392	174	566	16.90	25	5	30	24.59
40 - 49	110	28	138	4.12	10	4	14	11.48
50 - 59	45	4	49	1.46	6	2	8	6.56
60 - 69	16	1	17	.51	7	8	15	12.29
UNKNOWN	1	-	1	.03	1	-	1	.82
TOTAL	1,897	1,453	3,350	100.00	93	29	122	100.00

[1] Includes both infectious and non infectious syphilis

TABLE 4
ACTIVE TUBERCULOSIS CASES BY
TYPE - 1983 AND 1984 TOTALS

TYPE OF DISEASE	WHITE	TREATY INDIAN	OTHER	TOTAL
NEW ACTIVE CASES				
Primary	12 (7)	19 (9)	- (-)	31 (16)
Pulmonary	63 (54)	24 (23)	4 (4)	91 (81)
Other Respiratory	8 (4)	7 (5)	- (-)	15 (9)
Non-Respiratory	22 (15)	6 (6)	4 (3)	32 (24)
Total	105 (80)	56 (43)	8 (7)	169 (130)
RE-ACTIVATED CASES				
Pulmonary	8 (5)	4 (4)	1 (-)	13 (9)
Other Respiratory	- (-)	- (-)	- (-)	- (-)
Non-Respiratory	1 (1)	- (-)	- (-)	1 (1)
Total	9 (6)	4 (4)	1 (-)	14 (10)
Grand Total (1984)	114 (86)	60 (47)	9 (7)	183 (140)
Grand Total (1983)	75 (52)	93 (61)	39 (24)	208 (137)

NOTE: Figures in parentheses refer to bacillary cases.

TABLE 5
DRUG DISPENSING PROGRAM 1981 TO 1984

	NUMBER OF PATIENTS ON ACTIVE LIST AT YEAR END				NUMBER OF NEW PATIENTS REGISTERED DURING YEAR			
PURPOSE OF DRUG	1981	1982	1983	1984	1981	1982	1983	1984
Rheumatic Heart Disease Prevention	829	779	706	673	48	6	30	34
Diabetes Treatment	419	409	418	487	11	14	32	37
Live Saving	442	450	490	586	37	46	71	126

TABLE 1
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM
CASELOAD MOVEMENT BY PROGRAM - 1984

	CONTINUING CARE SUPPLIES[1]	HOME CARE EQUIPMENTS[2]	OSTOMY SUPPLIES[3]	RESPIRATORY SUPPORT EQUIPMENTS[4]	WHEELCHAIRS		TOTAL
					ELECTRIC	STANDARD	
Beginning of Year	447	18,003	1,436	100	164	3,889	24,039
Cases Opened	192	5,290	375	108	50	1,568	7,583
Total Cases	639	23,293	1,811	208	214	5,457	31,622
Cases Closed	157	2,711	386	64	18	1,272	4,608
End of Year	482	20,582	1,425	144	196	4,185	27,014

[1]Denote clients who are in receipt of Home Care Services and disposable medical supplies on an on-going basis.

[2]Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate their care in their own homes.

[3]Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an on-going basis.

[4]Denote clients who are utilizing the life-supporting oxygen concentrators on an on-going basis.

TABLE 2
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM
PATIENT AND OTHER SERVICES BY PROGRAM AND TYPE - 1984

PATIENT SERVICES	TECHNICIAN			MAIL/TRANSFER/PATIENT		OTHER	TOTAL
	DELIVERIES	RETURNS	MAINTENANCE	DELIVERIES	RETURNS		
Continuing Care Supplies	3,015	149	-	10,772	366	-	14,302
Home Care Equipment	7,881	4,019	271	4,582	1,347	-	18,100
Ostomy Supplies	644	54	-	9,031	115	2,042	11,886
Respiratory Support System	195	165	55	-	-	-	415
Total	11,735	4,387	326	24,385	1,828	2,042	44,703
SERVICES TO OTHER PROGRAMS:							
Family Planning	3	2	-	107	1	-	113
Health Units	76	8	-	449	6	-	539
I.U.D.	4	-	-	730	2	-	736
Venereal Diseases	3	-	-	227	-	-	230
Total	86	10	-	1,513	9	-	1,618
TOTAL SERVICES	11,821	4,397	326	25,898	1,837	2,042	46,321

TABLE 1
OFFICE OF HEARING CONSERVATION, SCREENINGS, REFERRALS AND ASSESSMENTS
BY REGION[1] - JULY 1, 1983 TO JUNE 30, 1984

REGION	PRE-SCHOOL CHILDREN (0-4 YEARS)		SCHOOL CHILDREN[2] (5-17 YEARS)			ADULTS (18-64 YEARS)		ADULTS (65+ YEARS)	
	REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS	TOTAL NUMBER SCREENED	REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS	REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS	REFERRED FOR AUDIOLOGICAL ASESSMENT	CONFIRMED HEARING LOSS
Central	132	29	7,587	793	390	173	101	109	76
Eastman[3]	92	34	7,726	835	313	259	167	130	118
Interlake	133	56	5,377	592	282	148	85	255	233
Norman	318	120	2,127	634	198	280	169	109	81
Parkland	110	53	5,672	822	294	208	130	172	165
Thompson[4]	-	-	-	-	-	-	-	-	-
Westman	540	216	9,162	2,006	692	423	311	327	326
Winnipeg[3]	126	52	5,925	672	311	360	277	412	394
TOTAL[5]	1,451	560	43,576	6,354	2,480	1,851	1,240	1,514	1,393

[1]Includes data only from Seven Oaks and Deer Lodge areas of Winnipeg Region.
[2]Grades K-2, 6, 9, 12 and Special Referrals.
[3]Position staffed for partial year only.
[4]No data due to staff vacancy.
[5]Excludes Thompson and Eastman in partial.

COMMUNITY HEALTH SERVICES

Part 3
Section 5
Table 1

TABLE 1
HOME ECONOMICS PROGRAM:
NUMBER OF PEOPLE PROVIDED WITH SERVICES BY PROGRAM/CATEGORY AND TYPE OF DELIVERY - 1984

PROGRAM/CATEGORY	INDIVIDUAL	GROUP WORK	TRAINING & CONSULTATION	TOTAL
Nutrition				
Family Nurition	8,558	11,078	3,785	23,421
Food Buymanship	650	280	116	1,046
Preservation/ Preparation	6,346	3,179	140	9,665
Financial Management				
Family Spending	2,162	3,852	398	6,412
Financial Problems	881	112	155	1,148
Managing Purchases	1,124	794	48	1,966
Clothing				
Buymanship	315	623	41	979
Construction	1,183	2,023	245	3,451
Care	1,022	178	40	1,240
Housing				
Energy Conservation	309	412	98	819
Housing Selection	116	30	8	154
Maintenance Improvement	508	100	17	625
Design and Construction	184	80	22	286
Furnishings	550	384	14	948
Family Management				
Child Development Family Life	158	708	57	923
Home Management	234	596	36	866
Community Development				
Community Awareness	2,140	7,041	1,944	11,125
Leadership Development[1]	1,265	4,028	1,075	6,368
Total	27,705	35,498	8,239	71,442

[1]Primarily consists of 4-H leadership development, general community awareness and public relations.

NOTE: Most figures are revised from quarterly totals appearing in Statistical Bulletin.

TABLE 2
HOME ECONOMICS PROGRAM
NUMBER OF PEOPLE PROVIDED WITH SERVICES BY PROGRAM CLIENTELE AND REGION[1] - 1984

PROGRAM/CLIENTELE	CENTRAL	EASTMAN	INTERLAKE	NORMAN	NORTH-WEST	SOUTH-WEST	THOMPSON	WINNIPEG	TOTAL[3]
Nutrition									
General Adult	2,582	2,935	1,902	1,067	1,729	3,573	65	941	14,950
Pregnant Women	293	219	118	417	247	551	164	1,861	3,941
Infant Care Giver	318	207	63	224	214	342	10	863	2,265
Preschool Children/ Parent/Worker	155	123	11	78	224	115	16	404	1,219
Schoolage Children/ Parent/Teacher	586	278	29	321	1,152	488	46	502	3,758
Elderly	72	19	36	31	35	37	-	756	1,021
Handicapped	21	-	-	3	-	-	-	171	195
4-H Participant[2]	234	89	103	-	388	104	1	1	920
Others	598	358	337	1,951	381	300	84	735	5,863
Financial Management									
General Adult	1,495	793	387	418	826	1,390	29	726	6,079
Adolescent	104	7	-	75	103	2	4	118	413
New Couple	34	7	18	14	56	4	-	174	307
Farm Resident	664	43	196	-	286	94	-	-	1,283
Handicapped	-	-	-	-	-	1	1	26	28
4-H Participant[2]	81	37	33	-	94	6	1	-	252
Clergy	1	10	10	3	21	1	-	3	52
Others	81	189	89	167	164	85	88	137	1,112
Clothing									
General Adult	1,253	430	435	17	695	659	5	49	3,602
Adolescent	-	32	9	-	-	25	-	7	73
Elderly	-	-	-	12	2	2	-	-	16
Retailer	2	-	1	201	8	53	-	-	268
Handicapped	-	-	-	-	-	76	-	-	76
4-H Participant[2]	279	77	95	-	248	281	-	-	1,010
Others	66	60	65	90	163	150	-	-	625

TABLE 2 (CONTINUED)
HOME ECONOMICS PROGRAM
NUMBER OF PEOPLE PROVIDED WITH SERVICES BY PROGRAM CLIENTELE AND REGION[1] - 1984

PROGRAM/CLIENTELE	CENTRAL	EASTMAN	INTERLAKE	NORMAN	NORTH-WEST	SOUTH-WEST	THOMPSON	WINNIPEG	TOTAL[3]
Housing									
General Adult	556	417	122	23	335	255	6	6	2,030
Trades/Retailer	6	-	-	2	-	-	-	-	52
Handicapped	1	-	-	-	-	-	-	-	1
4-H Participant[2]	100	15	27	-	169	32	-	-	347
Others	98	67	7	13	126	22	-	-	402
Family Management									
General Adult	622	40	246	21	70	287	5	11	1,302
Handicapped	-	-	-	-	-	-	-	-	-
Others	264	9	40	30	49	93	2	-	487
Community Development									
General Adult	1,718	214	1,211	723	465	1,475	-	62	5,868
4-H Participant[2]	2,459	776	1,040	22	3,509	1,323	-	-	9,129
Others	253	292	246	1,116	281	198	1	108	2,496
Total	14,996	7,743	6,876	7,039	12,040	12,024	528	7,661	71,442

[1]Home Economics regions are identical with the Department of Agriculture regions.

[2]Youth leadership and skill development program in regions outside Winnipeg.

[3]Includes direct delivery provided by the Directorate.

NOTE: Most figures are revised from quarterly totals appearing in Statistical Bulletin.

TABLE 1
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE, TREATED AND PERCENT UTILIZATION BY YEAR OF BIRTH - JULY, 1983 TO JUNE, 1984

YEAR OF BIRTH	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
1969	1,841	1,107	60.13
1970	2,312	1,957	84.65
1971	2,387	1,944	81.44
1972	2,412	2,179	90.34
1973	2,372	2,041	86.05
1974	2,478	2,163	87.29
1975	2,508	2,262	90.19
1976	2,400	2,140	89.17
1977	2,300	2,008	87.30
Others	4	4	100.00
Total	21,014	17,805	84.73

TABLE 2
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE (BIRTH 1969 TO 1977), TREATED AND PERCENT UTILIZATION BY REGION - JULY, 1983 TO JUNE, 1984

REGION	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
Central	3,056	2,394	78.34
Eastman	3,915	3,209	81.97
Interlake	3,178	2,900	91.25
Parkland/Norman	3,399	2,993	88.06
Westman	7,462	6,305	84.49
TOTAL[1]	21,014	17,805	84.73

[1]Includes 4 children from other age groups treated in remote locations as emergencies.

TABLE 3
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA DENTAL ASSOCIATION PROGRAM - JANUARY TO DECEMBER, 1983

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN								
	YEAR OF BIRTH								
	1969	1970	1971	1972	1973	1974	1975	1976	TOTAL
Number of Children Treated:	1,877	2,183	2,253	2,272	2,206	2,211	2,244	2,063	17,309
Diagnostic Services:									
Examinations	2,946	3,383	3,510	3,582	3,490	3,481	3,526	3,304	27,222
Other Diagnostic Procedures 04300-04500	3	1	1	-	1	1	1	-	8
Radiographs:[1]									
Periapicals	2,111	2,436	2,501	2,596	2,408	2,439	2,494	2,381	19,366
Occlusals	-	2	-	-	-	1	-	-	3
Bitewings	1,073	1,174	1,197	1,216	1,242	1,223	1,268	1,153	9,546
Panoramic	-	3	5	3	4	3	3	-	21
TOTAL	3,184	3,615	3,703	3,815	3,654	3,666	3,765	3,534	28,936
Prevention:[2]									
Prophylaxis 11100-11300	2,925	3,365	3,486	3,546	3,461	3,448	3,496	3,274	27,001
Topical Fluoride 12200-12500	2,925	3,365	3,486	3,546	3,461	3,448	3,496	3,274	27,001
Nut. Counselling and OHI 13100-13220	2,925	3,365	3,486	3,546	3,461	3,448	3,496	3,274	27,001
Other prevention Services 13300-13700	7	10	16	40	50	145	189	152	609
Space Maintainers 15100-15401	5	8	37	31	49	101	132	221	584
Other Ortho Services 15500, 80620-80650	-	-	2	-	8	14	10	1	35

[1]Radiographs indicate single films.
[2]Prophylaxis, Fluoride and O.H.I as package figures.

TABLE 3 (CONTINUED)
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA DENTAL ASSOCIATION PROGRAM - JANUARY TO DECEMBER, 1983

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN								
	YEAR OF BIRTH								
	1969	1970	1971	1972	1973	1974	1975	1976	TOTAL
Restorations:									
Amalgams 21101-21225	2,338	1,948	1,708	1,579	1,686	2,181	2,662	3,985	18,087
Retentive Pins 21301-21303	30	14	14	12	7	15	7	3	102
Composite 23101-23223	279	205	165	160	103	89	86	110	1,197
Crowns 27110-27710	16	12	11	31	71	120	177	512	950
Other Restoration Services 29100-29800	2	2	-	3	5	7	8	5	32
Pulp Therapy:									
Pulp Cap 31100-31110	7	5	7	3	3	4	3	10	42
Pulpotomy 32201-32212, 39901-39909	2	1	10	26	41	74	144	369	667
Other Services 33100-35501, 39910-39985	24	18	14	12	11	8	6	1	94
Periodontal Procedures 41200-43600	12	5	2	1	-	1	2	-	23
Prosthodontics 51100-55539	-	2	-	-	-	1	-	-	3
Surgical Procedures:									
Extractions 71101-72320	290	481	658	801	687	714	798	831	5,260
Other Surgical Procedures 74210-79400	1	2	5	4	-	1	-	1	14
Adjunctive Services	-	-	1	1	1	-	2	1	6

TABLE 4
DENTAL SERVICES: PREVENTIVE DENTAL PUBLIC HEALTH SERVICES[1] PROVIDED OUTSIDE THE MANITOBA CHILDREN'S DENTAL PROGRAM - JULY, 1983 TO JUNE, 1984

SERVICES	NUMBER OF SCHOOLS		APPROXIMATE NUMBER OF CHILDREN	
	APPROACHED	PARTICIPATING	ELIGIBLE	PARTICIPATING
Daily School Classroom Brushings	336	149	26,901	6,268
Health Education	360	336	46,437	41,046
Weekly School Fluoride Rinse Program	381	372	47,208	40,443

[1]Other public health/preventive programs organized on a regional basis include Services to Senior Citizens, Centres for the Mentally Retarded and Day Care Centres. Activities also include involvement in pre/post natal classes, career days, educational displays, parent meetings, pre-school interviews and educational seminars. Dental Health Services staff were also actively involved in Dental Health Month.

TABLE 1
MAXIMUM NUMBER OF PERSONS RECEIVING CO-ORDINATED HOME CARE SERVICES
BY REGION, JANUARY TO DECEMBER, 1984

REGION	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
Central	744	762	758	750	740	731	711	723	755	773	797	795
Eastman	651	654	650	660	669	670	681	681	692	703	713	715
Interlake	747	749	746	753	785	792	824	831	850	856	868	868
Norman	290	292	297	297	303	300	307	310	307	313	321	326
Parkland	617	610	634	629	640	643	637	641	639	639	652	650
Thompson	80	79	79	89	89	78	84	85	86	85	90	93
Westman	1,130	1,114	1,132	1,153	1,155	1,150	1,186	1,220	1,192	1,207	1,125	1,106
Winnipeg	7,632	7,750	7,666	7,468	7,625	7,770	7,713	7,776	7,810	7,921	8,096	8,098
TOTAL	11,891	12,010	11,962	11,799	12,006	12,134	12,143	12,267	12,331	12,497	12,662	12,651

TABLE 2
HOME CARE PROGRAM CASELOAD MOVEMENT BY AGE GROUP
JANUARY TO DECEMBER, 1984

	0-18	19-64	65+	TOTAL
At Beginning of Year	258	2,101	8,633	10,992[1]
Admissions	219	2,326	7,676	10,221
Discharges	217	2,104	7,055	9,376
At End of Year[2]	262	2,321	9,276	11,859

[1]Revised.
[2]Year end count does not balance due to age reclassification and the fact that transfers in and out may not be reported in the same month.

TABLE 3
HOME CARE PROGRAM: AVERAGE MONTHLY NUMBER OF PERSONS RECEIVING SELECTED SERVICES[1] BY CATEGORY - JANUARY TO DECEMBER, 1981 TO 1984

SERVICE[2]	AVERAGE MONTHLY NUMBER OF PERSONS			
	1981	1982	1983	1984
Nursing Service[3]	3,330	3,587	3,900	3,891
Auxiliary Service[4]	1,733	2,089	2,269	2,375
Therapy Service[5]	281	309	341	350
Home Help Service[6]	5,865	6,518	6,790	7,323

[1]In addition, Home Care Services include health supervision, health education, health counselling, social service counselling, as well as volunteer services such as shopping, friendly visiting, and daily telephone reassurance.
[2]An individual can receive more than one category of service.
[3]Professional registered nursing services provided in the home.
[4]Services provided by L.P.N.'s and home care attendants.
[5]Includes occupational and physiotherapy services.
[6]Includes household duties and/or personal care.

NOTE: These statistics only include paid services and exclude services performed by public health nurses, social workers and other departmental staff.

TABLE 4
NUMBER OF PERSONS ON THE WAITING LIST FOR PERSONAL CARE HOMES AT END OF DECEMBER, 1981 TO 1984

	1981	1982	1983	1984
Total Rural Area	893	717	803	701
Winnipeg	519	727	874	1,099
TOTAL	1,412	1,444	1,677	1,800

TABLE 5
PERCENTAGE OF PERSONS ON WAITING LIST RECEIVING HOME CARE PENDING PLACEMENT - DECEMBER, 1981 TO 1984

	1981	1982	1983	1984
Total Rural Area	36.2	36.7	31.0	43.8
Winnipeg	16.4	49.0	44.9	47.2
TOTAL	28.9	42.9	38.2	45.9[1]

[1]Of the total waiting placement, 45.9% were on the Home Care Program, 42.7% were in hospital and the remaining 11.4% in Community were being totally cared for by family and/or friends.